

I
D. J. L. (M.B., B.S. (London), MRCS, LRCP, DCH, DPH)



the Health
of the
City of Leicester
during 1970



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Health Committee

(as constituted 27th May, 1971)

Chairman Coun Mrs J M Setchfield

Vice-Chairman Coun Mrs M D Wilson

Coun G W Billington
Coun Michael Clayton
Coun R E Everitt
Coun A A Gratrix

Ald N R Hanger, MPS, JP
Coun J K McLauchlan
Rev Coun K F Middleton
Coun Mrs F F L Riley

Coun K H Underwood
Coun H T Walker
Ald A R Williamson

Co-opted Members Dr A E Fairbrother

Miss M H Perkins

Improvement Areas Sub-Committee Coun R E Everitt
Ald N R Hanger, MPS, JP
Coun Mrs F F L Riley

Coun Mrs J M Setchfield
Coun K H Underwood
Coun H T Walker

Ald A R Williamson
Coun Mrs M D Wilson

Senior Public Health Officers

Medical Officer of Health B J L Moss, *MB, BS(London), MRCS, LRCP, DCH, DPH*

Deputy Medical Officer of Health D W G Brady, *MB, ChB(Sheffield), DPH*
(resigned as from 3.5.70)

Senior Medical Officer (Personal Health Services) Stephanie A Laing, *MRCS, LRCP, CPH, DCH, DPH*

Consultant Chest Physician C M Connolly, *BSc, MD, MRCP, DPH*

City Analyst E R Pike *BSc(Aston), MChemA, MPhA, MPS, FIFST, FRIC*

Chief Public Health Inspector G A Hiller, *FRSH, FAPHI*

Chief Administrative Assistant G Cree, *DMA*

Chief Administrative Nursing Officer Jane I Jones, *SRN, SCM, QNS, HV, HV Tutor's Cert*

Chief Mental Welfare Officer S A Goodacre, *MSMWO*

Chief Ambulance Officer D H Jones, *MIAI*

Home Help Organiser Beryl Dunkerley

*To the Chairman, the Lord Mayor, and Members of the
City Health Committee*

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

The content of this Report refers mainly to the past, but the pattern of disease and health hazards are constantly changing and it is essential, therefore, to develop new services, to improve existing ones and to try to anticipate and provide methods for dealing with the problems of the future. Because there are no longer the appalling slums of the nineteenth century it does not mean that the housing situation can be considered to be satisfactory and considerably more progress must be made before there can be any relaxation in the drive to improve both housing and the general environment in which people live. To create a 'unit of accommodation' is not necessarily to provide a satisfactory, let alone ideal, environment for a family and children to grow up in.

It is estimated that there are some 14,000 houses in the city that require to be dealt with under the Improvement Area system and it is pleasing to note that the first of such areas has been declared and will involve 1,700 houses in the Clarendon Park area of the city.

Another problem that has beset us for a number of years has been the itinerant caravan dwellers but a decision has now been made to provide a specially constructed site for these families. It is hoped that over a period of time they will eventually be able to adapt to a rather tidier way of life and that their children will be able to benefit more fully from education and the other amenities of which they are now deprived.

As food prices rise the housewife is becoming more insistent upon the shopkeepers providing food of a better standard and under better conditions. The changing pattern in food sales has necessitated more stringent regulations in regard to both the environment in which food sales are permitted as well as the quality of the food purchases.

The wide range of work undertaken by the City Analyst is

still not fully appreciated and perhaps his title is misleading for his work is no longer restricted solely to examination of food, drugs and water, but he could more aptly be described as providing a scientific advisory service. During the course of the year his work ranged from providing material for a B.B.C. television programme on the identification of fish, determining blood alcohols in indiscreet drivers, frauds under the Trades Description Act and analysing what the modern kid smokes for kicks.

In regard to sanitation, the disappearance of the pail latrine is, indeed, an achievement but the continued pollution with a variety of noxious substances of the air we breathe and the streams of the neighbourhood is a positive disgrace. This is not to decry the great achievements that have taken place in smoke control in this city, but it is becoming increasingly evident that the public are resentful of the frequency with which various other noxious substances are being emitted from factory chimneys and poured into waterways with scant regard to the consequences. Admittedly these are not always easy to identify, and even more difficult to eliminate but the "all reasonable means" clause inevitably gives the opportunity for delays in bringing about the abatement of a nuisance.

The adequate provision of palatable water is perhaps accepted too readily, for although the risk of bacterial contamination has been reduced to a minimum, other types of contamination of water do occur. Increasing concern is felt regarding the various chemicals, pesticides and agricultural products that appear to gain ready access to supplies. Although these substances may be in relatively low concentrations and of not necessarily immediately harmful effect, serious consideration must be given to the long term effects likely to arise from consumption of such polluted water. There is renewed interest in this problem, particularly since an association has been demonstrated between various types of heart disease, congenital abnormalities and water supply. The preliminary reports suggest

that perhaps there should be far stricter control over this most valuable commodity.

By contrast, unfortunately, we are still below the optimum concentration of fluoride in the water and thus a few more generations of children will inevitably have to suffer the hardships of dental decay and other dental extraction – conditions which could be prevented.

Again, one is pleased to note the increasing reaction of the public who are concerned to protect their environment against noise nuisances, but unfortunately there still appears to be a number of contractors who persist in creating an intolerable level of noise in the area in which they are operating with no consideration for those who live and work in the surrounding area.

What of the people who live in the city? Much of the contents of this Report relate to their conditions, illnesses and their mode of dying. The patterns are changing and new problems are constantly arising, even though in many respects the environment has improved. Whereas infectious disease has practically disappeared the impact of a wide range of social disease creates a tremendous challenge in the field of prevention. The reduction or elimination of these will require changes in the pattern of living, but attempting to change people's way of life is far more difficult than eradicating a toxic hazard or finding an antibiotic to deal with a specific germ.

The changing pattern of demand for community care is necessitating the most careful review of services in order to make the most effective use of the limited numbers of skilled personnel available. Despite the variety of training programmes offered it has never been possible to recruit enough staff to meet our needs. This has inevitably resulted in the greatest difficulty in trying to fulfil our commitments to provide for a steadily increasing number of sick and handicapped persons. It cannot be stressed too strongly that the total inadequacy of both hospital and other institutional beds for patients in need of care makes it

inevitable that adequate domiciliary services must be provided if their condition is not to be allowed to deteriorate to an even further extent. Where possible, relatives do make a considerable contribution to the care of both the old and handicapped, but they cannot be expected permanently to carry this load without assistance and support. It will be necessary to face up to the size and reality of this problem: to ignore it will not only place an intolerable burden upon the families concerned but may give rise to very considerable long term financial commitments to the Local Authority. Thus, failure to develop the potential of a handicapped child to the greatest extent may result in his becoming permanently dependent and it has been estimated that the full life cost to this Authority, alone, could be as much as £35,000 per individual child. Each year approximately a hundred handicapped children are born in this city. Has adequate provision yet been made for their future?

Likewise in the geriatric field it must be asked whether the provision to enable the old person to retain a degree of independence and be reasonably self-supporting within the limits of his/her disability are realistic in view of the rapidly increasing numbers. The lack of chiropody may take the old lady off her feet, her inadequate diet may give rise to a variety of deficiency diseases that are already found with too great frequency amongst the elderly. It has been said that a stitch in time will save nine. Although one cannot halt the process of ageing entirely, it is possible to make this process more palatable.

New methods must be devised for defining and enumerating populations at risk. Secondly a careful analysis of both the character and quantity of needs that require 'treatment' must be undertaken and thirdly, the success achieved by the various types of treatment that may be prescribed must be evaluated.

In any reorganisation of the National Health Service that is going to take place it is essential that there should be a closer integration between the various branches of the

service and that at the same time strong links should be maintained with the Local Authority. It would, therefore, be disastrous if, through lack of comprehensive planning of the total services for the community and the failure to provide the necessary monitoring system to determine needs, the most effective use was not made of resources which inevitably will be in short supply.

As we arrive in the '70's the time is opportune to review the '60's, evaluate our achievements and undertake a critical and constructive analysis of the reasons for our failures as well as our successes. Some of the changes that have occurred from year to year have been so small that it is only by examining the picture over a decade that a full appreciation can be made of the advances that have occurred.

There is still a lack of appreciation of the cost of providing a treatment service and an even greater reluctance on the part of the public to commit themselves to a more positive approach to health. Instead of waiting until you are moribund and then decrying the lack of medical and nursing facilities, is it not justifiable to place a little more value upon retention of good health and the prevention of disease rather than waiting for someone else to commence a salvage operation?

Unfortunately, over the years since the inception of the National Health Service, there has been a tendency amongst many people to think that somewhere, somehow, some faceless official, or officials, are able to produce a better and better service for more and more people at less and less cost. Failure to achieve the impossible calls forth criticism of the bureaucrats, the efficiency of the various sections of the National Health Service and the allegedly unreasonable demands of the public. The recently published Consultative Document lays particular stress on the need for management efficiency, but some doubt must be expressed as to the extent of the contribution which is likely to be made by efficiency experts who may, indeed, be experts in creating

organisations, running banks, or exporting sausages, but do not necessarily have the particular knowledge, expertise and background to enable them to produce both a 'theoretical' organisation and at the same time allow that degree of consideration for the patient that is so essential in the Caring Services.

Despite this proviso, the need for improved efficiency is accepted, for an increasing disquiet has arisen amongst the public because of a series of reports on long waiting lists, unsatisfactory conditions for both patients and staff in a number of hospitals up and down the country, and the inadequacy of domiciliary services urgently required to provide the aftercare and support necessary to enable patients to be discharged home, or to allow them to remain in their own homes. As in the case of a man who books a cheap hotel on the Costa Brava, you get what you pay for! The organisation man may, indeed, be able to make suggestions for the improvement of efficiency, but does he really understand or appreciate the need for a 'quality of care'?

My thanks are due to the staff of the Department for the help and co-operation given during the year and also to the general practitioners and other agencies in the city.

May I again express my sincere gratitude to my Chairman and the Health Committee for the help and encouragement given to the staff and myself in the work undertaken by the Department.

I am,

Mr Chairman, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

B. J. L. MOSS, M.B., B.S., D.P.H.

Medical Officer of Health

Health Department
Midland House
52-54 Charles Street
Leicester
(Tel. No. 25732)
June, 1971

Vital Statistics

Vital Statistics Summary of statistics for the year 1970

	1970	1969
Population (estimated) mid 1970	276690	278470
Population at Census, 23rd April 1961	273298	273298
Marriages	2870	2814
Area Comparability Factor: Births	1.04	1.04
Deaths	0.98	0.98
Live births (corrected):		
Number	4863	5118
Rate per 1000 population (standardised birth rate=18.28)	17.58	18.38
Number of illegitimate live births	629	670
Illegitimate live births per cent of total live births	12.93 ⁰ / ₁₀	13.09 ⁰ / ₁₀
Stillbirths: Number	61	74
Stillbirth rate per 1000 total live and still births	12.39	14.25
Illegitimate stillbirth rate per 1000 total illegitimate live & stillbirths	21.77	16.15
Total live and stillbirths	4924	5192
Infant deaths (deaths under 1 year)	102	125
Infant mortality rates:		
Total infant deaths per 1000 total live births	20.97	24.42
Legitimate infant deaths per 1000 legitimate live births	20.08	21.81
Illegitimate infant deaths per 1000 illegitimate live births	27.03	41.79
Neo-natal mortality rate (deaths under four weeks per 1000 total live births)	11.31	14.07
Early neo-natal mortality rate (deaths under one week per 1000 total live births)	10.28	11.92
Perinatal mortality rate (stillbirths and deaths under one week combined per 1000 total live and still births)	22.54	26.00
Illegitimate perinatal mortality rate (illegitimate stillbirths and illegitimate deaths under one week combined per 1000 total illegitimate live and stillbirths)	27.99	38.18
Legitimate perinatal mortality rate (legitimate stillbirths and legitimate deaths under one week combined per 1000 total legitimate live and stillbirths)	21.72	24.16
Maternal mortality (including abortion):		
Number of deaths	4	2
Rate per 1000 total live and stillbirths	0.81	0.39
Deaths (corrected for transferable deaths)	3452	3623
Death rate (standardised death rate=12.22)	12.47	13.01
Area of city (in acres)	18144	18144
Number of inhabited tenements January 1971	90741	90701
Number of empty houses January 1971	2528	2662
Rateable value at 1st April	£15580412	£15275992
General rate for the year 1970/71:		
Total rate poundage levied	72p in £1	67p in £1
For domestic properties (dwelling houses)	63p in £1	61p in £1
For mixed properties (mainly domestic)	67p in £1	64p in £1
<i>Registrar-General's figures – England and Wales</i>	1970	1969
Birth rate	16.0	16.3
Death rate	11.7	11.9
Infant mortality rate (per 1000 births)	18.0	18.0

Causes of death at different periods of life during 1970

			Cause of death	sex	Total all ages	4 wks under and 4 under wks 1 year		Age in years							
								1—	5—	15—	25—	35—	45—	55—	65—	75+
B4	Enteritis and other Diarrhoeal diseases	<i>m</i>	5	.	4	.	.	.	.	.	.	1	.	.
		<i>f</i>	3	1	2	.	.	.	.	.	.	.	.	.
B5	Tuberculosis of Respiratory System	<i>m</i>	4	.	.	.	.	.	.	.	1	1	2	.
		<i>f</i>	2	.	.	.	.	.	.	.	1	.	1	.
B6(1)	Late effects of Respiratory T.B.	<i>m</i>	2	.	.	.	.	.	.	.	1	1	.	.
		<i>f</i>	1	.	.	.	.	.	.	1	.	.	.	.
	B6(2) Other Tuberculosis	<i>m</i>	2	.	.	.	.	.	.	1	.	1	.	.
		<i>f</i>	1	.	.	.	.	.	.	.	.	.	.	1
	B14 Measles	<i>m</i>	1	.	.	.	1	.	.	.	.	.	.	.
		<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.
	B17 Syphilis and its sequelae	<i>m</i>	1	.	.	.	.	.	.	.	1	.	.	.
		<i>f</i>	1	.	.	.	.	.	.	.	1	.	.	.
B18	Other Infective and Parasitic Diseases	<i>m</i>	4	.	1	.	.	.	.	1	1	1	.	.
		<i>f</i>	3	1	1	.	.	.	.	.	.	.	1	.
B19(1)	Malignant Neoplasm, Buccal Cavity, etc.	<i>m</i>	8	.	.	.	.	.	.	.	1	.	6	1
		<i>f</i>	4	.	.	.	.	.	.	.	2	1	1	.
B.19(2)	Malignant Neoplasm, Oesophagus	<i>m</i>	7	.	.	.	.	.	.	.	1	1	2	3
		<i>f</i>	9	.	.	.	.	.	.	.	1	3	5	.
B19(3)	Malignant Neoplasm, Stomach	<i>m</i>	42	.	.	.	.	.	.	2	4	9	20	7
		<i>f</i>	28	.	.	.	.	.	.	2	4	6	16	.
B19(4)	Malignant Neoplasm, Intestine	<i>m</i>	41	.	.	.	.	.	.	1	1	9	14	16
		<i>f</i>	53	.	.	.	.	.	.	1	1	8	12	31
	B19(5) Malignant Neoplasm, Larynx	<i>m</i>	5	.	.	.	.	.	.	.	.	2	2	1
		<i>f</i>	2	.	.	.	.	.	.	1	.	1	.	.
B19(6)	Malignant Neoplasm, Lung, Bronchus	<i>m</i>	135	.	.	.	.	.	.	2	12	43	58	20
		<i>f</i>	24	.	.	.	.	.	.	1	1	5	9	8
	B19(7) Malignant Neoplasm, Breast	<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.
		<i>f</i>	75	.	.	.	.	.	.	5	11	15	30	14
B19(8)	Malignant Neoplasm, Uterus	<i>f</i>	24	.	.	.	.	.	.	1	4	6	6	7
B19(9)	Malignant Neoplasm, Prostate	<i>m</i>	19	.	.	.	.	.	.	.	1	3	8	7
	B19(10) Leukaemia	<i>m</i>	13	.	.	.	.	1	.	.	2	2	5	3
		<i>f</i>	7	.	.	1	.	1	1	.	1	.	2	1	
B19(11)	Other Malignant Neoplasms	<i>m</i>	81	1	.	2	1	2	2	6	8	15	29	15	
		<i>f</i>	95	.	1	.	1	.	.	2	8	19	36	28	

Causes of death continued

Cause of death		Total sex all ages	4 wks under and 4 under wks 1 year		Age in years									
					1—	5—	15—	25—	35—	45—	55—	65—	75+	
B20	Benign and unspecified neoplasms	m	3	.	.	.	.	.	1	1	1	.	.
		f	3	.	.	.	1	.	1	.	.	.	1	
	B21 Diabetes Mellitus	m	6	.	.	.	.	.	1	.	.	2	3
		f	23	.	.	.	.	.	.	.	1	5	17
B46(1)	Other Endocrine etc. Diseases	m	3	.	.	.	.	.	1	.	1	.	1
		f	5	.	.	.	.	.	.	1	2	2	
	B23 Anaemias	m	4	.	.	.	1	.	.	.	.	2	1
		f	6	.	.	.	.	1	.	.	2	3	
	B46(3) Mental Disorders	m	1	.	.	.	1	.	.	.	.	.	.
		f	3	.	.	.	.	.	.	1	1	1	
	B24 Meningitis	m	4	.	1	.	1	.	.	.	1	.	1	
		f	1	1	.	.	.	.	.	.	.	.	.
	B46(4) Multiple Sclerosis	m	2	.	.	.	.	.	1	.	1	.	.
		f	1	.	.	.	.	.	.	.	.	1	.
B46(5)	Other diseases of Nervous System	m	10	.	.	1	.	1	.	.	1	3	4	
		f	15	.	.	.	.	.	.	.	4	2	9
B26	Chronic Rheumatic Heart Disease	m	20	.	.	.	.	.	.	3	11	6	.
		f	26	.	.	.	.	1	1	3	4	12	5
	B27 Hypertensive Disease	m	26	.	.	.	.	.	.	1	3	9	13
		f	32	.	.	.	.	.	.	1	.	9	22
	B28 Ischaemic Heart Disease	m	420	.	.	.	.	2	10	43	110	133	122
		f	312	.	.	.	.	.	2	5	34	100	171
	B29 Other forms of Heart Disease	m	94	.	.	.	1	.	2	.	11	26	54	
		f	175	.	.	.	.	.	1	1	8	26	139
	B30 Cerebrovascular Disease	m	191	.	.	.	.	3	2	15	26	62	83
		f	303	.	.	.	1	.	1	6	15	72	208	
B46(6)	Other diseases of Circulatory System	m	65	.	.	.	1	.	.	5	9	20	30	
		f	89	.	.	.	.	.	3	1	11	13	61
	B31 Influenza	m	29	.	.	.	.	.	1	1	9	15	3
		f	21	.	.	.	.	.	1	3	2	7	8
	B32 Pneumonia	m	112	.	7	2	.	1	.	3	11	31	57	
		f	142	.	6	.	2	1	2	2	.	10	33	
	B33(1) Bronchitis and Emphysema	m	148	.	1	.	.	.	.	5	27	73	42
		f	36	.	1	.	.	.	.	1	6	12	16
	B33(2) Asthma	m	4	.	.	.	1	.	1	.	1	1	.	
		f	2	.	.	.	.	.	.	.	.	2	.
B46(7)	Other diseases of Respiratory System	m	24	.	8	2	1	.	.	1	3	1	6	
		f	21	1	7	.	.	.	.	.	1	3	1

Causes of death continued

Cause of death	sex	Total all ages	4 wks under and 4 under wks 1 year		Age in years									
					1—	5—	15—	25—	35—	45—	55—	65—	75+	
B34 Peptic Ulcer	<i>m</i>	12	.	.	.	.	.	.	1	.	3	3	5
	<i>f</i>	17	.	.	.	.	.	.	.	1	2	6	8
B35 Appendicitis	<i>m</i>	2	.	.	.	.	.	.	.	.	.	1	1
	<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.
B36 Intestinal Obstruction and Hernia	<i>m</i>	7	1	.	.	.	.	.	.	1	.	3	2
	<i>f</i>	10	1	.	.	.	.	.	.	.	2	3	4
B37 Cirrhosis of Liver	<i>m</i>	5	.	.	.	.	.	.	.	.	2	2	1
	<i>f</i>	4	.	.	.	.	.	.	.	.	3	1	.
B46(8) Other diseases of Digestive System	<i>m</i>	14	1	.	.	1	.	1	1	.	.	6	4	
	<i>f</i>	21	.	.	.	.	.	1	4	3	2	11	.
B38 Nephritis and Nephrosis	<i>m</i>	10	.	.	.	.	.	.	3	3	2	2	2
	<i>f</i>	4	.	.	.	.	.	.	.	.	.	.	4
B39 Hyperplasia of Prostate	<i>m</i>	9	.	.	.	.	.	.	.	.	.	3	6
B46(9) Other diseases, Genito-Urinary System	<i>m</i>	12	.	.	.	.	1	.	1	2	2	6	.
	<i>f</i>	11	.	.	.	.	.	.	.	2	5	4	.
B46(10) Diseases of Skin, subcutaneous tissue	<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.
	<i>f</i>	1	.	.	.	.	.	.	.	.	.	.	1
B46(11) Diseases of Musculo-Skeletal System	<i>m</i>	5	.	.	.	.	.	.	.	.	.	4	1
	<i>f</i>	13	.	.	.	.	1	.	1	1	5	5	.
B42 Congenital Anomalies	<i>m</i>	9	3	3	1	1	.	.	.	.	.	.	1
	<i>f</i>	11	5	2	3	.	.	.	1	.	.	.	.
B43 Birth Injury, Difficult Labour, etc.	<i>m</i>	4	4	.	.	.	.	.	.	.	.	.	.
	<i>f</i>	6	5	1	.	.	.	.	.	.	.	.	.
B44 Other causes of Perinatal mortality	<i>m</i>	16	16	.	.	.	.	.	.	.	.	.	.
	<i>f</i>	13	13	.	.	.	.	.	.	.	.	.	.
B45 Symptoms and ill defined conditions	<i>m</i>	6	.	.	.	.	1	1	.	.	.	.	4
	<i>f</i>	9	.	.	.	.	.	.	.	.	.	1	8
BE47 Motor Vehicle accidents	<i>m</i>	32	.	.	.	1	6	4	3	6	4	4	4	
	<i>f</i>	13	.	.	2	.	2	2	.	1	.	4	2	
BE48 All other accidents	<i>m</i>	13	.	.	.	1	.	1	1	2	.	2	6	
	<i>f</i>	48	.	1	.	.	.	.	.	1	7	39	.
BE49 Suicide and self-inflicted injuries	<i>m</i>	7	.	.	.	.	1	.	.	2	1	2	1
	<i>f</i>	2	.	.	.	.	1	.	.	1	.	.	.
BE50 All other external causes	<i>m</i>	13	.	.	1	.	1	1	2	3	1	1	3	
	<i>f</i>	9	1	.	.	.	1	.	.	1	.	.	6	
Total all causes	<i>m</i>	1712	26	25	9	8	19	16	41	131	330	571	536	
	<i>f</i>	1740	29	22	6	4	5	9	24	60	178	441	962	

Blind Persons

I am indebted to the Director of Welfare Services for the information included in this Section.

Classification according to age (at date of registration) of **blind persons** registered in 1970

		0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+	Total
Cataract	<i>m</i>	.	.	.	.	.	.	.	.	.	1	.	.	1	.	2	1	2	1	8
	<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	1	.	2	7	6	.	16
Glaucoma	<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1	.	2
	<i>f</i>	.	.	.	.	.	.	.	.	.	.	1	.	1	1	2	2	.	.	7
Retrolental Fibroplasia	<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Others	<i>m</i>	.	.	.	.	.	1	.	.	1	1	3	2	1	1	3	.	.	.	13
	<i>f</i>	.	.	.	.	.	.	1	.	.	.	1	1	2	2	11	11	4	1	34
Total		.	.	.	.	.	1	1	.	1	2	5	3	6	4	21	21	13	2	80

These figures include 16 cases (5 male, 11 female) transferred from the partially sighted register.

Classification according to age (at date of registration) of **partially sighted persons** registered in 1970

		0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+	Total
Cataract	<i>m</i>	.	.	.	1	.	.	.	.	.	.	.	.	.	.	1	1	.	.	3
	<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	1	1	2	.	1	5
Glaucoma	<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1	.	2
Retrolental Fibroplasia	<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Others	<i>m</i>	.	.	.	.	.	.	.	.	.	2	1	1	2	.	1	1	.	.	8
	<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	3	2	.	4	2	.	.	11
Total		.	.	.	1	.	.	.	.	.	2	1	4	4	1	8	6	1	1	29

These figures include 1 female transferred from the blind register.

Follow-up of registered blind and partially sighted persons 1970

1 Number of cases registered during the year in respect of which section (D) of form BD8 recommends:	Cause of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
a No treatment	11	5	.	42
b Treatment (medical, surgical or optical)	18	3	.	13
2 Number of cases at 1b above which on follow-up action have received treatment:	7	3	.	11

Mental Health Service

Report for the year 1970

S. A. Goodacre, MSMWO, Chief Mental Welfare Officer

The statistics presented in this report enable comparisons to be made with the immediate past year and with the position ten years previously.

During 1970 we continued with the joint Hospital/Community integrated service still orientated through the hospital clinical teams. Plans aiming towards geographical area working neared fruition but were not implemented by the end of the year.

4 Senior Staff and 1 Trainee left to take posts with other authorities, 2 returned from successful 2 year training courses and 2 others commenced secondment during the year.

Staff losses undermine the service as trainees invariably have to replace them and remaining staff, already stretched, have to redouble their efforts to meet the demands of more clients in addition to providing in-service training of new colleagues.

Despite the many difficulties a high standard of service was provided throughout the year and there was an encouraging response to a new approach concerning voluntary workers.

Account of work carried out

Referrals

	1970	1969	1960
Active Case Load	1313	1466	1234
Referred during year	1320	1184	591
	2633	2650	1825

The source of referral of the 1320 cases coupled with 201 cases already known is shown on Page 24. All 1521 cases were referred for action during 1970.

Admissions to Hospital

Of the 2633 patients dealt with during the year, 519 were admitted to psychiatric hospitals by officers of the Mental Welfare Section and eight were admitted to other hospitals. Follow up of all admissions is necessary but was not carried out by our officers in 28 instances. These exceptions usually occur when the admission is to a hospital outside the area of our Authority.

Of the 527 admissions

	1970	1969	1960
To the Towers Hospital	444	506	245
To the Carlton Hayes Hospital	20	24	13
To the Glenfrith Hospital	52	57	73
To other Psychiatric Hospitals	3	.	2
To non-Psychiatric Hospitals	8	8	.
Total	527	595	333

4 of the admissions to non-psychiatric hospitals involved the use of the Mental Health Act powers.

Admission to the Leicester Royal Infirmary 3
Admission to the Leicester General Hospital 1

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4
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There were 98 instances during 1970 when Section 29 (Emergency) admissions procedure was used. The action taken within 3 days is shown below.

Subsequent action (Sect. 29 admissions) – 1970				
Admitted to	No.	Sect. 25	Infor- mal	Dis- charged
Towers Hospital	84	43	31	10
Carlton Hayes Hospital	6	5	1	.
Glenfrith Hospital	4	2	1	1
Leicester Royal Infirmary	3	.	.	3
Leicester General Hospital	1	.	.	1
Total	98	50	33	15

1961 was the first complete year of the use of compulsory powers under the Mental Health Act 1959, and during that year 122 patients were admitted in accordance with Section 29.

The following Tables enable comparison to be made in respect of admissions to the Towers Hospital. There were 652 direct admissions during 1970 from the Leicester City Area (474 during 1960). The term direct admission means, in this instance, that there was no Mental Welfare Officer participation.

Admissions to the **Towers Hospital** from the Leicester City Area
During 1970 1969 1960

Mental Welfare Officer participation	444	506	245
%	40.5	45.9	24.0
Direct admission	652	596	474
%	59.5	54.1	76.0
Total	1096	1102	719

The Method used in respect of the 595 admissions to all Hospitals was as follows:

Admission method (M.H. Act, 1959)	New patient	1970 Patient already known	1969		1961	
			Total	%	Total	%
Informal	119	56	175	33.2	239	40.20
Section 29	74	24	98	18.6	81	13.60
Section 25	122	50	172	32.7	167	28.00
Section 26	3	10	13	2.4	12	2.00
Section 60	1	.	1	0.2	4	0.70
Temporary Care	.	41	41	7.8	47	7.90
Returned patients	7	20	27	5.1	45	7.60
Total	326	201	527	100	595	100

Returned patients are those who had inadvisedly left hospital. On being reported absent they were subsequently located when they agreed to their readmission.

Table of comparison between **first admission** and **re-admission** (all hospitals)

				1970		1969		1960	
				No.	%	No.	%	No.	%
Those admitted for the 1st time				191	36.25	198	33.30	139	34.00
"	"	"	2nd "	136	25.80	142	23.90	71	17.50
"	"	"	3rd "	50	9.50	73	12.30	59	14.50
"	"	"	4th "	37	7.00	49	8.20	34	8.50
"	"	"	5th "	24	4.55	20	3.40	19	4.50
"	"	"	6th "	19	3.60	15	2.50	17	4.25
"	"	"	7th "	12	2.30	11	1.80	5	1.25
"	"	"	8th "	6	1.15	6	1.00	4	1.00
"	"	"	9th "	3	0.60	5	0.80	5	1.25
"	"	"	10th "	22	4.15	31	5.20	3	0.75
Returned patients				27	5.10	45	7.60	51	12.50
Total				527	100	595	100	407	100

Community Care

Of the 2633 patients dealt with, 1256 ceased to be active cases by the end of the year.

Those referred who did not need further support following initial action 732

Those who were admitted to hospital but follow up was not necessary by our own Mental Welfare Section 28

Off loaded cases, finalised or placed in dormant files including those who died, left area, lost trace of, etc. 496

Total deletion from active case load during 1970		1256		
Active case load at the end of the year	1970	1969	1959	
Mental illness	679	664	515	
Subnormality or SSN	698	649	719	
Total	1377	1313	1234	

There has however been a great deal of change in many aspects of case referral. The hospitals for the mentally ill have now less beds than ever before but their annual admission rate from the City has increased from 689 in 1959 to 1096 in 1970. On the other hand fewer patients are retained in hospital following active treatment.

There were 12317 referrals throughout the 11 year period and 9606 of these are now in our dormant files. From this group we are now having referrals at the rate of 500 per year, 105 of them in 1969 were from the patients themselves. This referral rate in itself may not be considered alarming, it is still less than the proportionate readmission rate of patients to hospital. On the other hand it could be said that such a high re-referral rate indicates premature off loading of cases which really needed longer support.

Age	Mental illness		Psychopathic		Subnormal		Severely Subnormal		Total	
	m	f	m	f	m	f	m	f	m	f
Under 4 years	.	.	.	.	.	.	46	39	46	39
5-13 years	.	.	.	.	2	2	98	74	100	76
14-15 years	2	2	.	.	2	1	19	13	23	16
16-29 years	79	86	6	4	41	53	69	41	195	114
30-44 years	87	146	4	4	16	16	35	22	142	184
45-59 years	65	91	1	.	12	10	18	19	96	120
60-64 years	10	20	.	.	1	2	7	6	18	28
65-74 years	12	38	.	.	.	1	6	5	18	44
75+ years	14	27	.	.	.	.	1	2	15	29
Total	269	410	11	8	74	85	299	221	653	724 1377

Mental Illness

Examination of the age distribution of cases of Mental illness may be misleading for although the "Dangerous age" appears to be between 16 and 60 there is evidence to suggest considerable under reporting in the older age groups if they are no longer working or causing social embarrassment to the community. The very fact that they create so little demands on the community is one of the reasons they are frequently found to be neglected.

Mental Subnormality

41 patients who were afforded temporary care were all placed at the Glenfrith Hospital (50 in 1960). There were 11 patients admitted to the Glenfrith Hospital for long stay care during 1970 (23 in 1960).

Day hospital care was provided at the Glenfrith Hospital for 5 patients during 1970. There were no such facilities in 1960.

Domiciliary visits or out patient appointments are arranged whenever we have a problem which seems outside the scope of ordinary community care. Advice by this method usually precedes a diagnosis of suitability for hospital care.

There were 22 names on the waiting list for long stay at Subnormality Hospitals on December 31st 1970. This compared with a waiting list of 38 on December 31st, 1959.

Training Centres

British Red Cross Creche

A play group for 23 Mentally handicapped children under 5 years of age meeting 3 afternoons a week during the school term, the children being collected and returned to their homes by voluntary helpers in private cars. This affords the first opportunity for them to meet other children and to play in a large group, and is a preparation for the longer school day to follow, and gives some relief to their mothers.

Emily Fortey School (Junior Training Centre)

Because of overcrowding at this school, pending the provision of another purpose built Junior Training Centre, overspill accommodation was sought and obtained by October 1969. Pupils under 7 years were then transferred to the overspill unit leaving the Emily Fortey School with accommodation for children from 7 to 15 years of age.

Parkfield School

In conjunction with the 45 place nursery group for handicaps of all types, the overspill classes for the children aged 5 to 7 from Emily Fortey were moved to this school in October 1969, providing 30 places, full time. At the end of the year there were 29 attending. These temporary premises are quite close to the parent school and five hired coaches provide transport facilities for the pupils in both establishments.

During 1970 there were 18996 actual attendances at the Emily Fortey School out of a possible 21901 (86.7%).

During the year there were 4212 actual attendances at Parkfield School out of a possible 5107 (82.4%).

The age range of pupils attending at the end of the year was as follows:

		<i>m</i>	<i>f</i>	Total	
Under	5	7	3	10	} Parkfield
	6	8	7	15	
Aged	7	6	6	12	
	8	9	6	15	} Emily Fortey
	9	9	6	15	
	10	9	4	13	
	11	7	5	12	
	12	4	4	8	
	13	10	6	16	
	14	10	8	18	
	15	1	5	6	
		84	63	147	

Accommodation is also provided at Parkfield School for 20 places for physically and/or mentally handicapped children under 5 years. Attendance is part-time and was

being used at the end of the year by 30 infants. Separate transport is provided for the attendance of this group.

Glenfield House

Special Care Unit

This detached unit situated in the grounds of the Emily Fortey School was built to accommodate 20 severely handicapped children from 5-15 years. In addition to their mental disorder a high proportion also have physical handicaps.

At the end of the year there were 20 in regular attendance. The unit is open throughout an industrial year and there were 4063 actual attendances out of a maximum possible of 4466 (91%).

During the year one has transferred to day care at Glenfrith Hospital on reaching 17 years, one removed from the city, and two deaths. The age range now is between 5 and 13 years with the larger numbers in the younger ages. The waiting list has steadily risen to 16 at the end of the year.

Care of Autistic Children

22 children are known to the Authorities who presented with symptoms suggestive of this condition, all of whom have the attention of the Consultant Child Psychiatrist. There are 5 who attend at the experimental day centre.

In addition to the Local Authority facilities provided by the city there are 30 children under 14 in long term residential care in Glenfrith Hospital and 4 attend Glenfrith School as day cases.

The general picture in all these establishments is one of a steady rise in the numbers needing provision for education and training, and this especially applies to those with multiple handicaps. The need for the new school at Netherhall is such that there are already enough special care cases on the waiting list to fill that section as soon as it is opened.

On 1st April 1971 the responsibility for the education of all children passes to the education committee.

Dental Treatment at Schools for Handicapped Children

(A) First inspection of pupils at school	184
(B) First inspection of pupils at clinic	9
(C) Number of (A + B) found to require treatment	145
(D) Number of (A + B) offered treatment	134
(E) Pupils re-inspected	86
(F) Number of (E) requiring treatment	66
Fillings in Permanent teeth	20
Fillings in Deciduous teeth	5
Permanent teeth extracted	12
Deciduous teeth extracted	16
General Anaesthetics	10
Patients X-rayed	2
Prophylaxis	474

Fosse Industrial Unit

This 200 place Unit was opened in 1965 and has developed considerably during the last 5 years. The original aim was geared more particularly to the improvement of Adult Training Centre facilities for the mentally subnormal but subsequent development has widened the criteria to also provide for the mentally ill.

Attendance is based on an industrial year and consistent daily attendance facilitates industrial and social training which are considered to be of equal importance.

Some articles are designed, produced and marketed by the Unit and contract work is also carried out.

The output of work done has improved and the educational level and social competence of the bulk of the trainees has risen also. An average number of 20 trainees per year have been satisfactorily placed in outside employment. Attendance continues to benefit the 14 and 15 year olds at the junior training centre who spend one day each week at the Fosse Unit. This introductory attendance is considered very worthwhile.

At the end of the year there were 234 trainees on the register and an analysis of those attending is as follows.

	Mentally ill		Mentally handicapped		Total
	<i>m</i>	<i>f</i>	<i>m</i>	<i>f</i>	
Aged 16-29	5	2	84	68	159
30-34	9	4	14	17	44
45-59	8	3	7	7	25
60-64	2	.	4	.	6
Total	24	9	109	92	234

The following tables indicate the source of 69 admissions and 40 departures during the year.

Admissions	Total
From Community	42
Junior Training Centre	7
E S N Schools	6
Towers Hospital	3
Glenfrith Hospital	8
Industrial Rehabilitation Unit	2
Outside employment	1
	69

Community source of admission includes those at time of admission who were not occupied in any day training or occupation and who were usually referred by the Mental Welfare Officer.

Departures	Total
To Community	14
To Outside Employment	19
To Hospital	1
Died, Left Area, etc.	6
	40

Community source of departure includes those tried and self rejected, who may well need further social work guidance and support.

Summary of **Day Training** facilities 1948-1970

		1948	1951	1954	1957	1960	1963	1966	1969	1970
Occupation Centre	1948-1956	27	51	86	.	.	.	.	.	.
Emily Fortey School	1956	.	.	.	127	144	128	119	115	115
Red Cross Creche	1963	.	.	.	.	.	23	23	22	20
Adult Pilot Schemes	1962-1964	.	.	.	.	.	40	.	.	.
Fosse Industrial Unit	1965	.	.	.	.	.	.	168	205	234
Glenfield House	1967	.	.	.	.	.	.	.	13	20
Parkfield School	1969	.	.	.	.	.	.	.	26	32
		27	51	86	127	144	191	310	381	421

Hostels

Runcorn House

This is a purpose built psychiatric hostel which opened in 1965. It was specifically designed to provide short stay accommodation for those who suffer from mental illness. There is minimal resident supervision in accommodation which is provided in 23 single rooms in 3 semi detached units, 2 beds are reserved for emergency purposes. Dining and social facilities are provided in a fourth unit in which the warden is resident.

During the year there were 39 admissions and 38 departures and at the end of the year there were 20 in residence.

Admissions during the year were drawn from the following:

The Towers Hospital	15
Their own homes	14
No Fixed Abode	6
Lodgings	2
Church Army Hostel	1
Hillcrest	1
Total	39

and Residents who left were:

Returned to own homes	13
Placed in lodgings	10
To psychiatric hospitals	6
To other hostels	3
To other hospitals	2
Left area	4
Total	38

Langley House

This purpose built hostel for the mentally handicapped was opened in the Autumn of 1970.

Accommodation is provided for 25 high grade adult residents of either sex and there are 13 single and 4 three bedded rooms. Initially it has been decided to allocate 21 beds to residents who should either be in full employment or fully occupied training for employment and they should be reasonably expected to graduate to some form of sheltered community home within an average 12 month period. The 4 remaining beds are to be used for temporary care or for emergency, very short stay purposes.

Residential accommodation is additionally provided for the Warden, Matron and their deputies, who report that the establishment has been well received by the nearby community, a high proportion of which accepted invitations to see the premises and meet the staff.

22 Residents were admitted between September and December and 2 had left by the end of the year being more appropriately placed in other accommodation*.

Admissions were drawn from the following sources:

Glenfrith Hospital	14
Towers Hospital	1
Own Homes	3
Children's Homes	2
Lodgings	1*
No Fixed Abode	1*
Total	22

General

These are times of great change. From a community which has continued to demand more and improved services there is a perceptible difference. Acute individual needs remain but the general nature of need seems to be less acute, the criteria for referral appears to be widening, hospitalization is wanted less than supportive or even preventive care. Perhaps this is the indication that the service is ready for absorption into the more general services. It is hoped that this is so because during 1971 there will be the transfer of the junior training centres, schools and special care unit to the Education service, whilst the social work and community care elements of the Mental Health Service will be absorbed by the new Social Services Department.

The new services which will inherit plans for increased fieldwork application, were well advanced but not quite implemented by the end of the year. During 1970 we can claim to have doubled our hostel provision, reached a peak figure of 421 regular attenders at day training centres and topped the hundred in respect of trainees satisfactorily graduated into outside employment.

Future Developments

Future developments start with the transfer of all the mental health services to the new Social Services Department from April 1st 1971. On the same day the training centres for children up to 16 become the responsibility of Education, and these will be run as are the other special schools for children with other handicaps.

The general trend can be expected to continue reserving hospital beds for those needing actual treatment whilst those in need of care and supervision will increasingly be cared for in their own homes, or in suitable hostels in the community.

There is a most urgent need for hostels for the long stay adult severely subnormal. The parents of so many are reaching extreme old age or infirmity or dying and the hospitals no longer expect to admit for this reason alone. Many of these could be equally well housed in family homes with a little supervision and could continue to work in sheltered work shops in the day.

1970 **Source from which all patients were referred** City of Leicester Health Department – Mental Welfare Section

	Mentally ill				Psychopathic Disorder				Subnormal				Severely Subnormal				Totals				Grand Totals and Percentages for year		
	<16		16+		<16		16+		<16		16+		<16		16+		<16		16+		1970	1969	1961
	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f			
General Practitioners	.	.	70	107	.	.	.	.	.	.	1	2	.	.	3	.	.	.	74	109	183	166	142
Hospitals during in-patient treatment	.	.	32	45	.	.	.	.	.	.	16	10	.	.	6	2	.	.	54	57	12%	12%	19%
Hospitals after or during day-patient treatment	.	.	4	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	4	7	7%	9%	12%
Hospitals after in-patient treatment	.	.	30	36	.	.	.	.	.	.	6	4	.	1	1	.	.	1	37	40	11	6	21
Local Education Authorities	16	13	.	.	.	.	.	.	16	13	1%	1%	3%
Police and Courts	.	.	24	28	.	.	.	.	1	.	5	2	.	.	1	.	1	.	30	30	78	73	97
Patients themselves	.	.	39	55	.	.	.	.	.	.	10	1	.	.	.	.	.	.	49	56	5%	5%	12%
Relatives	.	.	43	69	.	.	.	.	.	.	1	3	20	6	4	1	20	6	48	73	29	36	23
Associates, friends, landlords, neighbours, employers	.	.	9	33	.	.	.	.	.	.	3	3	.	.	1	1	.	.	13	37	2%	2%	3%
Social agencies including other authorities and departments and voluntary agencies	.	.	75	86	.	.	.	.	3	4	13	15	19	11	1	.	22	15	89	101	61	56	50
Consultant Psychiatrists	1	1	169	281	.	.	.	.	.	.	2	3	.	.	1	1	1	1	172	285	4%	4%	7%
Other medical officers including L G H, L R I, unofficial L E A	.	.	17	39	.	.	.	.	.	.	2	2	.	.	.	.	.	.	19	41	105	95	18
	.	.	43	69	.	.	.	.	.	.	1	3	20	6	4	1	20	6	48	73	7%	7%	2%
	.	.	9	33	.	.	.	.	.	.	3	3	.	.	1	1	.	.	13	37	147	149	74
	.	.	75	86	.	.	.	.	3	4	13	15	19	11	1	.	22	15	89	101	10%	10%	10%
	1	1	169	281	.	.	.	.	.	.	2	3	.	.	1	1	1	1	172	285	50	41	15
	.	.	17	39	.	.	.	.	.	.	2	2	.	.	.	.	.	.	19	41	3%	3%	2%
Totals	1	1	512	786	.	.	.	.	4	4	75	58	39	18	18	5	44	23	605	849	227	236	109

1961. The first complete year of the operation of the Mental Health Act, 1959, was the first year these records were compiled.

Future Developments

Similarly temporary care will have to be provided outside the hospital system for the severely handicapped for short periods when the parents are on holiday or in need of relief. The small number of hospital beds must be conserved for assessment and active patient treatment rather than providing accommodation for special cases.

The great increase in the numbers of mentally and physically handicapped surviving is showing in the increase in the doubly handicapped entering such schools as Parkfield, and a considerable number of places will be needed in the very near future for day schools for children who are spastic, spinabifida, or otherwise handicapped but with needs for teaching at the junior training level.

There is every reason to be proud of the level of development of Leicester Mental Health Services and all of its officers are appreciative of the help given to them and to their clients by the slowly increasing number of voluntary organisations and individual helpers who continue to press and help towards the goals achieved.

There is much more to be done.

Care of Mothers and Young Children

Care of Mothers and young children

Infant deaths		Legitimate										Illegitimate										All infant deaths Grand Total
Cause of death	Age at death	Less than 24 hrs		Under 1 week		Under 28 days		1 mth to 1 year		Total deaths		Less than 24 hrs		Under 1 week		Under 28 days		1 mth to 1 year		Total deaths		
		m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	
Birth Injury (Tentorial tear) Cerebral haemorrhage etc.		.	1	.	1	.	.	.	1	.	3	.	.	.	.	.	.	.	.	.	.	3
Anoxia, Asphyxia, Atelectasis		6	.	.	.	.	.	.	.	6	.	.	1	.	.	.	.	.	.	.	1	7
*Pneumonia, Broncho pneumonia, Bronchitis, Tracheo Bronchitis		.	.	.	.	1	3	6	5	7	8	.	.	.	.	.	.	3	1	3	1	19
Respiratory distress Syndrome (Hyaline Membrane Disease)		2	3	.	.	.	.	.	.	2	3	.	.	.	.	.	.	.	.	.	.	5
Prematurity		9	10	2	1	.	1	.	.	11	12	.	.	.	.	.	.	.	.	.	.	23
*Acute Upper Respiratory Tract Infection		.	.	.	1	.	.	5	3	5	4	.	.	.	.	.	1	1	1	1	2	12
*Congenital Malformations		2	1	2	2	.	2	.	2	4	7	1	1	.	.	.	.	1	1	2	2	15
Gastroenteritis		.	.	.	.	.	3	2	.	2	3	.	.	.	.	1	.	.	2	1	2	8
Uraemia		.	.	.	.	.	.	1	.	1	.	.	.	.	.	.	.	.	.	.	.	1
*Inhalation of Vomit		.	.	.	.	.	.	.	1	.	1	.	.	.	.	.	.	.	.	.	.	1
New Growth (Fibroma Sarcoma)		.	.	.	.	.	.	.	1	.	1	.	.	.	.	.	.	.	.	.	.	1
Meningitis		.	.	.	1	.	.	.	.	.	1	.	.	.	.	.	.	1	.	1	.	2
Emphysema		.	.	.	.	.	.	.	1	.	1	.	.	.	.	.	.	.	.	.	.	1
Stab Wounds		.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	1	1
Septicaemia		.	.	.	1	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	1
Cardiac Arrest		.	.	1	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	1
Rhesus Incompatibility		.	.	1	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	1
Totals		19	15	6	7	1	9	14	14	40	45	1	3	0	0	1	1	6	5	8	9	102
Sudden Unexpected Death in Infirmary (Includes some from *group)		.	.	.	.	1	2	6	6	7	8	.	.	.	.	.	1	4	1	4	2	21

Congenital abnormalities reported to the Registrar General

Live Births

Anencephalic	2
Encephalocele	1
Spina Bifida	3
Spina Bifida, Gross deformities of legs, Hydrocephalic	1
Talipes	13
Cysts, Naevi, Birthmarks	6
Downs Syndrome	4
Hypospadias	10
Meningocele	2
Lumber Menino-myelocele, growth in mouth	1
Hare Lip & Cleft Palate	8
Space in right ear lobe	1
Sinus base of spine	2
Abnormalities of hands and feet	12
Abnormality of Penis	2
Multiple congenital defects	2
Imperforate anus or some bowel abnormality	1
Large swelling on buttocks	1
<hr/>	
Total	72

Stillbirths

Anencephalic	1
Anencephalic, Spina Bifida	2
Deformed Male	1
Hydrocephalus	1
Spina Bifida, Hydrocephalic, Talipes	1
<hr/>	
Total	6

Handicapped children

Observation/Handicap Register

The aim of the Register is to maintain an up-to-date record of all children with handicapping conditions or who are at risk of developing such a handicap due to known predisposing factors. Early identification of the handicap will then give the child the opportunity for comprehensive medical and social care and provide forward information so that suitable educational and vocational provision will be available.

Close liaison between the hospital, General Practitioner, and the Local Authority Services is helping towards pooling of information relating to the child and his family. It is vital for the Register to be kept up-to-date and for individual children to be assessed at regular intervals.

There does not appear to be any significant change in the pattern of handicaps contracted during the first year of life.

Table of Handicaps at 31st December 1970

<i>Year of Birth</i>	1966	1967	1968	1969	1970	66-70
<i>Condition</i>						
Neural Tube Defects	10	6	5	5	6	32
Severly subnormal	8	3	3	5	5	24
E.S.N. and Mongol	16	6	12	5	8	47
Psych. and Maladj.	.	.	.	.	.	.
Epilepsy	13	11	5	6	3	38
Blind	.	.	1	.	1	2
Partially sighted	4	2	7	3	.	16
Deaf	3	3	.	6	.	12
Partially hearing	.	1	.	.	.	1
Cardiovascular	14	9	11	8	13	55
Asthma	9	4	2	4	.	19
Fibrocystic	3	2	1	.	.	6
Other Respiratory disease	1	1	.	.	.	2
Endocrine & Metabolic	2	9	5	8	5	29
Speech, language disorders and cleft palate	2	2	5	9	7	25
Urogenital system	4	8	2	6	5	25
Cerebral Palsy	7	5	5	6	.	23
Orthopaedic & locomotion	19	18	19	24	19	99
Miscellaneous	8	4	1	3	3	19
					Total	474

	1970	1969
No. on observation register at 31.12. 70	2974	2721
No. placed on obs. reg. during 1970	774	916
No. on handicap register at 31. 12. 70	406	415
No. placed on h'cap reg. during 1970	175	196

Development Clinics

Development Clinics continue to be held at Midland House twice a week.

All aspects of the child's problems are discussed at these visits and all interested persons are welcomed so that the broadest possible coverage can be given in each individual case. There were 90 sessions held during the year at which 68 children were seen for the first time and 94 for review. In addition to its diagnostic role the clinic has an important function as a centre for teaching parents and staff. During the past year visits have been paid to the sessions by Student Health Visitors, members of the School Psychological Service and visiting medical officers.

Parkfield has proved a most valuable asset to the assessment process. This special nursery has given an opportunity for follow-up of the children who, when seen initially at the development clinics, were deemed to require a longer period of observation together with stimulation and nursery training. These facilities offered both children and their parents a time in which to adjust to the handicap and explore the potential of other areas which require stimulation and encouragement. Continued observation enables correct school placements to be made with greater confidence. Children who have had a period of part-time placement find 5 days separation from home less traumatic on reaching school age. This gradual introduction is particularly necessary when the child has an appreciable physical handicap.

The British Red Cross Creche continues to give more severely mentally handicapped children the chance to mix with other children and adults. This service under the supervision of Mrs. Lewis, operates on three afternoons per week.

The Spastic Society Day Nursery offers care for a full five day week for City and County Cerebral Palsied children.

The Childrens Department residential nurseries continue to contain a high proportion of handicapped children. The nurseries are visited regularly by a Senior Medical Officer.

During 1970 it was noted that 25 handicapping conditions

occurred in West Indian, Pakistani and Indian children against 51 in the indigenous population. Of the 25 coloured children 23 were Asiatic. Notifications of Spina Bifida and hydrocephalus were 3 Asians and 4 indigenous. Hare lip, cleft palate 2 to 5, congenital heart disease 3 to 6 and Mongolism 2 to 5. Broadly speaking this shows the ratio of handicapping conditions notified during the first year of life to occur in the proportion of one Asiatic to two of the indigenous population. This is in excess of what might be expected according to the relative proportion in the population.

Audiology

Screening tests continue at the Child Health Clinics by Health Visitors for all children. Certain infants placed on the observation register by reason of at risk factors are seen routinely at the weekly Audiology Clinic together with children who are referred from the Child Health Clinic following finalised screening tests.

Some 259 appointments were kept at the Clinic during the year and 197 new cases attended. It is interesting to note that of the 6 children born in 1969 and diagnosed as deaf in 1970 that 5 of these were Asiatic in origin.

During the year the Education Department appointed Mrs. College who is a teacher of the deaf, to work in conjunction with the medical officers and health visitors associated with the Audiology Clinic. Mrs College gives regular Auditory training sessions to all children where a diagnosis of deafness has been made. All deaf children are seen by the Consultant E.N.T. Surgeon before a diagnosis is made.

Screening Tests for Phenylketonuria

During the year the Scriver method for testing for phenylketonuria has been discontinued and the Guthrie test is now being used. All new born babies have a sample of their blood taken as soon as possible after the 6th day of life – for most instances this small specimen is obtained by the midwife from the baby's heel. This method of estimation appears to be proving acceptable and efficient.

Abortion Act. 1967

The figures have now become available for the first year since the implementation of the Abortion Act. Comments have been made by various writers on the pros and cons of legal abortions but in this report the intention is only to report the facts so that a comparison can be made with changing trends over the next few years. It must be remembered that therapeutic abortion only represents a proportion of the total numbers of abortions occurring, others may be criminally induced or spontaneous in origin. The more ready availability of therapeutic abortion may bring about a welcome reduction in criminal abortion, although statistics on this are obviously not available.

<i>Abortions</i>	<i>Single</i>	99
	<i>Married</i>	66
	<i>Not Specified</i>	19
	<i>Total</i>	184

<i>Distribution by Age</i>	<i>Under 16.</i>	11
	<i>16 - 19</i>	39
	<i>20 - 34</i>	99
	<i>35 - 44</i>	29
	<i>45 +</i>	2
	<i>Not Stated</i>	4

Illegitimacy

There were 676 illegitimate infants registered in the City during the year 1970. Out of these 162 were County births and 514 were City. The City births were divided up into age groups for comparison with the figures for abortions.

	<i>Under 16.</i>	12
	<i>16 - 19</i>	150
	<i>20 - 34</i>	311
	<i>35 - 44</i>	40
	<i>45 +</i>	1

An investigation of pregnancy occurring in schoolgirls has been carried out. Admittedly the numbers involved are small but the problems likely to arise for the girl, her parents and the child may be substantial.

A number of girls become pregnant whilst still of school age and concern is felt that because of the concealment of pregnancy they may not be receiving adequate or early enough ante-natal care. It was therefore considered desirable that an investigation should be carried out to try and determine the size and complexity of the problem.

Although in the majority of cases information is received in regard to the girl's condition from a head teacher or the parents, in other cases the girls condition was not appreciated until pregnancy was far advanced. If the girl would still be of school age when she had had the baby, she would return to school after confinement. In other cases her schooling ceases prematurely and she never returns if she has reached statutory school leaving age by the time she was delivered.

Although the number of cases on which information is available is at present relatively small, several factors must be taken into consideration.

1. The medical risk associated with a pregnancy in a very young mother, particularly where there may have been some delay in initiating ante-natal care.
 - (a) Physical—dis-proportion or other obstetric difficulties.
 - (b) Emotional
2. The concurrent risk that the child may also have contracted venereal disease.
3. The long-term effects of the emotional 'trauma' for the girl, her parents and the child, arising from the difficulty of dealing with this perhaps unwanted pregnancy.
4. The problems for the baby –
 - To be kept.
 - To be fostered.
 - To be adopted.

Inevitably our figures do not represent the full picture of the situation in regard to the outcome of pregnancy for several reasons:-

1. Pregnancy may miscarry.
2. The pregnancy may be aborted – legally.
– illegally.
3. The girl may go away to be delivered in another area and the adoption arrangements made in that area.

From birth notifications it has become known that between 1965 and 1970 inclusive, there were 53 girls under the age of 16 delivered of illegitimate children within the City. In only 30 cases was information known to the schools. Further investigation was therefore carried out to ascertain the amount of information available from various sources regarding 21 schoolgirls delivered in 1969 and 1970.

It is perhaps particularly distressing that amongst these girls were a number of cases in which in retrospect it is possible to find evidence that would have indicated that they were at risk due to medical or social instability. Thus two of the girls had a history of five changes of address each, two girls had a history of maladjustment, one having attempted suicide at an earlier age.

The investigation, although small, has highlighted a number of problems. One must ask whether the situation is likely to be repeated in a second generation and whether the girl, having had one illegitimate child, is more likely to have a second. One must also ask whether the girl is going to suffer long-term damage as a result of this initial misfortune.

Approximate Age of Conception

Years/Months	Numbers
13·2	1
14 to 14·6	3
14·7 to 14·9	5
14·10 to 15	4
15·1	4
15·2	4
Total	21

The outcome of these 21 pregnancies resulted in:-

14 children being kept by the natural mother.

4 being adopted.

2 being fostered and returned later to their natural mother.

1 being still-born.

Amongst the 21 mothers five had attended Grammar School, 15 a Secondary Modern School and in one case school records have been untraced.

Analysis of work done in 1970

Welfare

	<i>City</i>	<i>County</i>	<i>Total</i>
Enquiries & short -term advice	112	35	147
<i>Registered for long-term care :</i>			
Illegitimate pregnancies	137	118	255
Matrimonial/family	20	7	27
Total	269	160	429
<i>Brought forward from 1969 :</i>			
Illegitimate pregnancies	57	67	124
Matrimonial/family	45	13	58
Total	371	240	611
<i>Babies born :</i>			
Referred 1969	32	27	59
Referred 1970	83	85	168
<i>Position on 31.12.70 or at last contact :</i>			
With mother	*79	*65	*144
With temporary foster mother	2	6	8
In care of Children's Dept.	4	2	6
Placed with adopting parents	26	38	64
Stillborn	2	.	2
Died	2	*3	*5
Babies unborn 31.12.70	34	28	62
Babies fostered during the year	41	50	91
Mother & Baby Home admissions	7	5	12
Putative fathers interviewed	70	57	127

(* Including twins)

Adoption

Enquiries: Prospective adopters	438
Applications investigated (including 68 begun in 1969)	91
Applications refused	5
Babies offered for adoption:	
Accepted	*133
Placed (including 14 from 1969)	*133
Awaiting placement 31.12.70	4
Babies withdrawn after placement:	
By natural mother	2
At adopters' request	2
Adoption Orders made	133

(*including twins)

Natural Parents

Age Groups:	Mothers	Fathers
14 - 16	54	10
17 - 20	124	89
21 - 30	67	108
31 plus	10	33
Not known	.	15

Marital status:

single	218	162
married	8	37
separated	22	26
divorced	7	9
not known	.	21

Adoptions

Area of Domicile:

	Natural mothers	Adopters
Leicester	31	20
Leicestershire	44	82
Northampton	18	8
Northamptonshire	22	16
Peterborough	5	2
Rutland	3	2
Scotland	2	.
Cambridgeshire	.	2
Hunts/Worcs/Norfolk		
Coventry/Chester/Lincs.	7	.

Some Comparative Figures

Welfare:	1966	1967	1968	1969	1970
Total referrals	491	537	517	427	429
Registered for long-term care	351	407	359	291	282
Active from previous years	189	209	169	123	182

Adoption:

Applications (adopters)	299	359	422	413	438
Babies placed	160	201	172	147	133

Babies born:

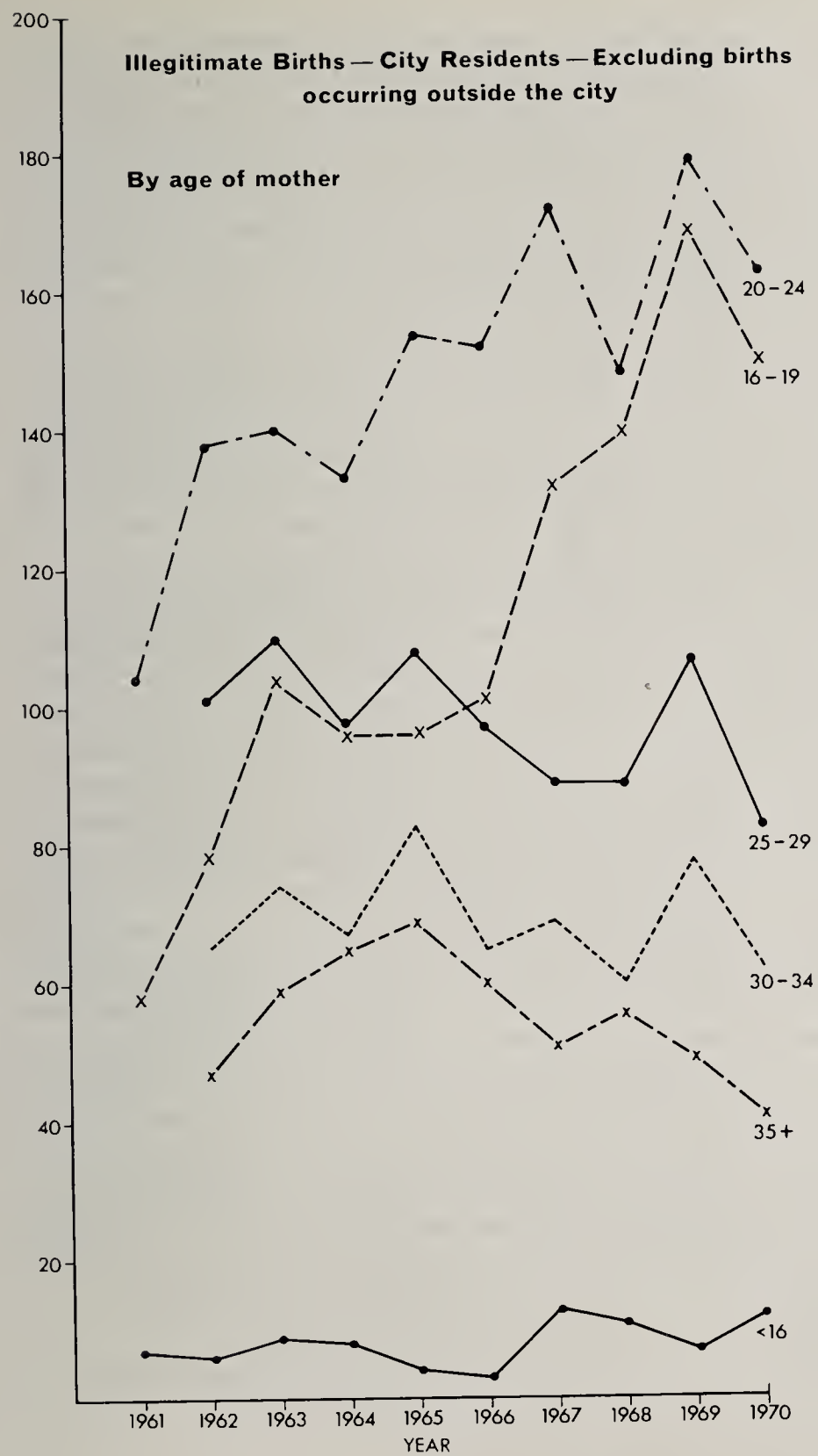
Remained with mother	.	.	54%	53%	63%
Adopted	.	.	33%	30%	28%
Died/stillborn	.	.	2.5%	4%	3%

Registered City Illegitimacy Cases - 1970

Age-groups	Mothers	Fathers
14 - 16	32 (23.4%)	3
17 - 20	65 (47.4%)	49
21 - 30	32 (23.4%)	58
31 plus	8 (5.8%)	18
Not known	.	9

Status

Single	115	83
Married	3	21
Separated	16	17
Divorced	3	3
Not known	.	13



Dental Report for 1970

R. H. Bettles, B.D.S., L.D.S., R.C.S., Chief Dental Officer

Maternity and Child Welfare

Although the dental care of pre-school children and expectant and nursing mothers forms only a small part of the work of the Local Authority Dental Services, an attempt to concentrate attention on this work has been made during 1970. A pilot scheme in the New Parks area has run for nearly 18 months now, during which dental auxiliaries have worked several sessions in the Maternity & Child Welfare clinics, actively encouraging mothers to seek dental advice if they have not been regular patients with a general practitioner. More pre-school children have also been inspected following contacts made in this clinic, indeed the increased volume of treatment provided (in fewer treatment sessions than in 1969) is entirely due to this one scheme. It is notable that of 84 mothers who were inspected 83 required and commenced treatment – some indication of the dental health situation of the adult population of the City. It is also sad to reflect that only 44 of these patients completed courses of treatment, indeed there was more than one “failed appointment” for every patient treated in the year. This is the price that is paid for seeking out rather unwilling patients instead of waiting for them to request attention, and is testimony to the lack of enthusiasm for dentistry in spite of the painlessness of modern dental techniques. However I judge the scheme a success, and particularly thank the staff involved. A similar scheme has started from the Central Dental Clinic, but unfortunately all the other clinics are so overwhelmed with work from school children, that dental treatment for these “priority” groups in fact has to be limited to those who ask for it.

Schools for handicapped children

Parkfield and Emily Fortey schools were inspected during the year, and treatment was provided for all children in these

schools whose parents accept it. Children at the Special Care Unit were also inspected and the small amount of treatment possible was instituted. The dental problems set by children at these schools are very great, and few of them attend general dental practitioners, largely because of the time needed to provide treatment. However, with patience, quite a proportion can receive near normal conservative dentistry, and only a few have to be referred to the overburdened hospital dental department – usually because of severe medical problems. A system is established of co-ordinating all sources of medical information for assessment by Dr. Whittingham, the Consultant Anaesthetist to the Local Authority Dental Services. This constant process of updating medical data means that many cases can be treated in the clinics which would otherwise be hospitalised. The system depends upon the enthusiastic support received from Hospital and Health Department Medical Staff, General Medical Practitioners, and the Nursing Services who assist with antibiotic “umbrella” injections both at clinics and in homes. The staff of the schools also greatly assist by accompanying patients to the clinics and assisting in the surgery. Their presence allays any fears of the children by providing a well known face amongst the less well known dental staff, and is much appreciated.

At Emily Fortey School, a dental hygienist has held a weekly session of scaling and polishing, plus dental health instruction. This has improved the oral cleanliness considerably and provides a useful dental acclimatisation for the patients; several practitioners have been pleased for their patients to be provided with this service, which is proving most successful.

Prophylaxis constituted the majority of treatment provided as a particular effort had been made in 1969 to remove gross sepsis from the mouths of these children.

Dental Services for Expectant and Nursing Mothers and Children under 5 years

Attendances and Treatment

Number of Visits for Treatment during year	Children 0-4 (incl.)	Expectant and nursing mothers
First visit	260	83
Subsequent visits	443	251
Total visits	703	334
Number of additional courses of treatment other than the first course commenced during year	17	2
Treatment provided during the year:		
Number of fillings	607	235
Teeth filled	495	191
Teeth extracted	414	188
General anaesthetics given	120	29
Emergency visits by patients	54	8
Patients X-rayed	4	4
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	84	66
Teeth otherwise conserved	53	.
Teeth root filled	.	.
Inlays	.	.
Crowns	.	2
Number of courses of treatment completed during the year	218	44

Prosthetics

Patients supplied with F.U. or F.L. (First time)	9
Patients supplied with other dentures	13
Number of dentures supplied	34

Anaesthetics

General anaesthetics administered by dental officers	.
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Inspections

Number of patients given first inspections during year	593	84
Number of patients who required treatment	287	83
Number of patients who were offered treatment	280	83

Sessions

Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare Patients:	
For treatment & inspection	182
For Health Education	28

Nursing Services

Report for the year 1970

Miss Jane I. Jones, S.R.N., S.C.M., Q.N.S., H.V.,

H.V. Tutor's Cert.

Chief Administrative Nursing Officer

Midwifery

The decline in domiciliary confinements continued in 1970, representing only 18.5% of the total births. Amongst the mothers delivered in hospital, 24.25% were discharged within 48 hours, and 40.66% within 5 days of delivery.

Investigations are still taking place both locally and nationally to decide which would be the best way to form an integrated service.

The immigrant population continue to present a problem in providing a hospital bed, especially when they arrive well on in pregnancy, or are late in making an application for a bed. The midwives continue to show remarkable ingenuity in overcoming the language barrier, both when explaining the necessary requirements for a home confinement, and also when completing the sociological investigation forms.

Midwifery

Notification of intention to practice 144

Of the above:

Domiciliary Midwives	29
Employed in private nursing homes	9
Employed by employment agencies	2
Emergency notifications (Part III)	2
Employed in Maternity Hospitals	102

Ante-Natal Clinics

	No. of sessions	1st visit	Re-visits	Total
1970	201	671	1387	2058
1969	427	956	1616	2572

Midwives and General Practitioner/Obstetricians

The following figures show the distribution of work between the domiciliary midwives in relation to the 906 deliveries attended during 1970.

Deliveries attended by a midwife

a	i	Doctor not booked, but present	1
	ii	Doctor not booked, not present	19
b	i	Doctor booked, and present	31
	ii	Doctor booked, not present	855
Total			906

Application for maternity beds in hospital on sociological grounds

Total number of applicants	2032
Number recommended	1732

94% of those recommended were accepted for hospital confinement.

Waiting List

In all, 38 patients were originally placed on the waiting list, but 29 were eventually accepted at the Leicester Royal Infirmary Maternity Hospital.

Flying Squad

This was called 5 times by a doctor, and twice by a midwife, of these, 6 were transferred to hospital and 1 remained at home. Two of these cases required a blood transfusion.

Patients confined in hospital

The planned early discharge scheme continued as before. The midwife saw the patient at least twice in the antenatal period and in each case visited the mother and baby until the 10th day, before passing her over to the care of the health visitors.

Summary of hospital discharges

Day of discharge	1	2	3	4	5	6	7	8	9	Total
Number of patients	230	743	336	157	165	450	944	156	82	3262
18,668 visits were paid to 3,262 patients before the 10th day.										

Maternal Deaths

Four maternal deaths occurred in the city during 1970:

- 1 I(a) Lobar pneumonia
 - II Mitral stenosis. Pulmonary oedema and congestion
- 2 I(a) Intra cranial haemorrhage
- 3 1(a) Congestive cardiac failure
 - (b) Rheumatic heart disease
 - II Schizophrenia
- 4 I(a) Cardiac arrest
 - II Pregnancy with ascites

Staffing

The approved establishment remained at 39. At the end of 1970, there were 22 full-time and 5 part-time midwives in post. There were 5 new appointments during the year; while 5 midwives left the service, and 1 retired from full-time work and became a part-time midwife.

Summary of work done by domiciliary midwives

Staff	Cases attended	Ante Natal	Visits Post Natal	Socio-logical	Total visits
Full Time	885	13893	29688	3083	46664
Part Time	21	1074	5667	1101	7842
Totals	906	14967	35355	4184	54506

Domiciliary confinements decreased once more in 1970, by 139. Sociological visits also decreased by 518.

The decline in domiciliary confinements continues, showing a decrease of approximately 50% over the last five years. However the continued development of planned early discharge and the resultant responsibility accepted by the domiciliary service has meant a decline of only some 15% in total visits made during the same period.

Confinements and visiting

Year	Place of birth Hospital	Domiciliary	Total	+	—	Early discharge patients	+	—	Early discharge visits	+	—	Total visits
1966	3567	1614	5181	+149		2098	+148		11959	+1244		65409
1967	3872	1451	5323	+142		2831	+733		13924	+1965		62224
1968	3998	1223	5221	—102		3106	+275		16452	+2528		60294
1969	4124	1053	5177	—44		3236	+130		17683	+1231		55995
1970	4011	914	4925	—252		3262	+26		18668	+985		54506

Maternities and Neo-natal deaths

	1968	1969	1970
Live births notified under Public Health Act, 1936	5130	5101	4866
Stillbirths notified under Public Health Act 1936	91	76	59
*Immigrant live births	866	995	1079
Immigrant stillbirths	17	19	12
*Immigrant live births as % of total live births	16.9	19.5	22.17
% immigrant use of hospital beds	19.8	22.7	25.6
Of these % medical bookings	54.5	54.7	50.9
% sociological bookings	45.5	45.3	49.1
Immigrant stillbirths as % of immigrant total births	1.9	1.7	1.11
Immigrant first week deaths as % of immigrant total births	2.0	1.3	.6

*The immigrant figures are based on the surnames on birth notifications etc. and are approximate figures only.

It is gratifying to note the continued decline in both immigrant stillbirths and deaths within the first week. This might well be due to their increasing acceptance of ante-natal facilities available, and earlier attendance in pregnancy.

Health Visiting

In spite of the continued shortage of health visitors, performance in terms of visits made, improved under every category of visit during 1970. In addition to this, the year saw further development of the attachment of health visitors to general practitioners, until by the late autumn every practice was covered either by an attachment, or by a health visitor aligned but not situated within surgery premises. It is satisfying to note that both general practitioners and members of staff are increasingly enthusiastic about the advantages of this scheme.

Following a study of the work of the health visitor, completed in 1969, a pilot scheme introducing clerical assistance commenced in June in Belgrave Division, the intention being to relieve the professional staff of those routine clerical duties which could be undertaken by a clerk. Health Visitors are based in three teams, each team having the services of an audio typist/clerk. Comment which would previously have been written on children's records is now recorded on a pocket tape recorder, the day's recording is left with the clerk on the following morning, and entries are made or any other recommended action is carried out on that day. Visits in this Division had increased significantly

during the period of the scheme, with the added benefit of records being more concise and legible. The staff involved appreciate the organised pattern of work now becoming established, and their enthusiasm has spread to other divisions where it is anticipated the scheme will commence during the coming year.

Specialist Health Visitor Service

The duties continue to consist mainly of assessment of need, counselling parents, interpretation of medical or educational facts, or available facilities, consultation with field workers, and liaison with statutory and voluntary organisations. Health Visitors in attachment are proving to provide a better level of support for families with handicapped children.

A Specialist Health Visitor for Venereal Disease was appointed from 1st January 1970 and attached to the Special Clinic at the Leicester Royal Infirmary. Invaluable work in tracing contacts and following up defaulters from the clinic as well as considerable preventive work, was carried out.

Child Health Clinics

Attendances by children

	<i>Attendances</i>	<i>Sessions</i>
1969	79379	1718
1970	77811	1642

Registration and supervision of Child Minders and Nursery Groups on 31st December, 1970

<i>Premises</i>	<i>Registered</i>	<i>No. of children</i>
Total	23	508
Registered before December 1969	19	418
Registered during 1970	4	90
<i>Persons</i>		
Total	435	1146
Registered before December 1969	266	861
Registered during 1970	169	285

The increase in the number of Child Minders is due to changes in legislation regarding registration. A Nursing Officer was appointed to undertake this task, and to ensure adequate provision was made for the general welfare of the children.

Day Nurseries

	<i>Nursery places</i>	<i>Attendances</i>	<i>Daily average attendance</i>
Cossington Street	60	12004	51.5
Frank Street	50	10195	42.8
Fosse Road	45	8864	37.1
Fairway	35	6936	29.1
New Walk	35	7629	32.0
Sparkenhoe Street	50	9808	41.2
Number of children on register at 31.12.1970			286
number of approved places			275
Average attendances in 1970, 6 nurseries			233.6

During the year family grouping has been developed for the children from 14 months upwards. This has proved to have advantages for both the children and the staff, and has been particularly helpful where a handicapped child is concerned.

Attendances at clinics and other sessions

	1970		1969	
	H/V's	C/N/A's	H/V's	C/N/A's
Child Health Clinics	2706	3333	2712½	3354
Ante Natal Clinics	.	44	.	167¼
Development Clinics	86	.	54	.
Mothercraft and Health Education (Schools)	128½	60½	105½	5
All sessions in School (not incl. above)	316¾	4315½	722¾	3263
Immunisation and Vaccination Clinics	49	135	52	200½
Screening Tests and Audiology Clinics	295¼	391	335	482
Hospital Sessions	703¾	1	338½	.
Parentcraft sessions	153	62½	161	83
Any other clinics	194¾	2347	123	2097½
Clerical sessions	2823¼	710½	2630¼	823¼
All other sessions	13519½	3179	12076½	3359
Total	20975¾	14579	19311	13834½

Health Visiting

	1970		1969	
	H/V's	C/N/A's	H/V's	C/N/A's
Number of first visits to children born 1970	5020	.	5282	.
Number of revisits to children born 1970	10713	85	9769	107
Number of visits to children born 1966/69	36674	493	33129	609
Number of first visits to ante-natal cases	636	.	431	.
Number of other visits to ante-natal cases	415	.	268	.
Number of visits to tuberculosis patients	1327	718	1263	625
Number of visits re tuberculin test readings and B C G follow-up	14	43	37	193
Number of visits concerning infant deaths	55	.	67	.
Number of visits concerning after-care	780	38	321	23
Number of visits to diabetic patients	2252	.	2189	.
Number of visits concerning applications for convalescent home accommodation	231	27	206	27
Number of visits concerning infectious diseases	89	51	159	1286
Number of visits concerning problem families	1589	11	1379	98
Number of visits concerning re-housing	274	.	87	.
Number of other visits - *see separate list	5540	1413	5465	1816
Number of no access visits	15153	1416	12513	2272
Number of visits to persons over 65	2696	1686	1567	1714
Number of visits re chiropody (excluding age 65 or over)	26	42	18	114
Totals	83484	6023	74150	8884

*Number of other visits:

Visits to child minders	1976	6	1932	2
Visits to mentally disordered persons	990	7	1183	2
Visits to other discharges from hospital	60	.	78	3
Other visits	2514	1400	2272	1809
Totals	5540	1413	5465	1816

Report of the Health Visitor Training School for 1970

The Health Visitor Training School continued to attract many applications. Since the School's inception in July 1948 up to December 1970, 497 students successfully completed the course; of these 180 were City of Leicester candidates.

In September 1969, 30 students entered the School. They included 14 sponsored by the City Health Department, 14 from adjacent areas and two from as far afield as Buckinghamshire and Somerset. Two students discontinued training at the end of the first term due to personal reasons. The remainder went on to complete the course and were recommended for the award of the Certificate of the Council for the Training of Health Visitors. Three students reached distinction level. The results reflect the hard work of the students during this intensive 51 week course and the essential and excellent co-operation of the Fieldwork Instructors and Group Advisers.

During the year plans were finalised to bring the course under the auspices of an educational body. This was in accordance with the recommendations of the Council for the Training of Health Visitors. Similar new arrangements have been made in many other parts of the country in order to facilitate contact and integration of health visitor students with those of other disciplines. The Department of Education and Science approved the provision of the course by the newly-designated City of Leicester Polytechnic to take effect from 1 September 1970.

Thanks must be expressed to the Department of Adult Education, University of Leicester and particularly to the Warden of Vaughan College, where the course has been accommodated.

Additional Educational Activities

During the year tutors contributed to the lecture programme of Speech Therapists, Nursery Nurses and District Nurse students. A Community Health Tutor Student from the Royal College of Nursing obtained her complete prac-

tical placement in the School where administration was discussed and teaching under supervision performed.

Health Education

Individual enjoyment of life, efficiency, independence and, to some extent, the standard of living, depend on health. Basic needs are met by the community. Personal health is normally the individual's own responsibility. In health education we try to equip the individual for that responsibility.

Teaching has been concentrated where we believe it will be most productive; in school, in classes for expectant parents (including adopting parents) and in the cytology clinics. The spoken word, from a trusted person, is still the most valuable method of spreading the principles of healthy living. This is done by health staff on a personal one-to-one basis in homes, clinics, surgeries, schools, shops, places of work. The following is a report of our attempts to influence behaviour by group education.

Planning

No short cuts have been taken in thorough planning and preparation of staff who will undertake group teaching. It is regretted that the very health visitors who will accept the challenge of preparing and giving a weekly lesson in schools, or who will conduct group discussions in clinics are the ones that accept other challenges like matrimony or promotion, and so are lost to us. Not in many years have we retained a health visitor for a second spell of teaching. So we never reap what we have sown.

Schools

Regular health teaching has been carried out by health department staff in addition to that done by school staff throughout the school curriculum. It has augmented the health education given by school nurses and doctors as they see the boys and girls individually.

We are teaching child care, personal health and community health in the majority of the secondary schools in the city, to both boys and girls. Courses vary from a whole year to a few weeks. Teaching is mainly to the fourth year pupils.

Some teaching is done in special schools. Single talks have been given in junior and grammar schools.

It is regretted that all requests have not been met because of shortage of staff.

Ante-Natal Classes

In pregnancy, particularly when she is expecting her first baby, a woman is always willing to listen and eager to learn. The teaching of expectant mothers is given high priority in the health education programme. Specially trained health visitors and midwives teach mothercraft and the physical and psychological preparation for labour. Our aim is that labour shall be approached seriously but not fearfully. That the mother shall be well informed and confident. That the confidence will be carried forward into the initial care of her baby. Advice on family planning is given to the groups. One evening session each course is held for the benefit of husband and wife together.

364 women attended during the year. Seven courses run consecutively. The expectant mothers attend for six weeks. Increasingly, additional ante-natal classes are being held in the group practices.

Adopting Parents

As there are fewer babies available for adoption only two courses were held during the year. Lectures, demonstrations and films on parentcraft were designed to give the adopting parents confidence in the handling and caring for their babies.

Cytology Clinic

The teaching that could lead to early detection of breast cancer has continued. Nearly all women who attend for the

cervical smear test are instructed, by means of a one minute film, on regular self-examination of the breasts. About 1,200 women were thus instructed this year. Facilities have been provided for the instruction of women at two large organisations in the city. Many leaflets have been distributed. Notices to encourage women to seek the test have been placed in the central public conveniences.

Child Health Centres

Here the teaching is now all on the personal one-to-one basis. Shortage of teaching time and unsuitability of premises limits group health education. Health Visitors here influence mothers in their role as health educators. Habits and attitudes learned in the home by the small child are likely to persist and to be resistant to change. However, the parents who respond to advice and counselling from the health visitors and doctors are likely to be the ones who would serve the best interests of their children anyway.

Asian Community

Overcoming the difficulties in communication is always difficult. We have much printed and some taped information.

Our leaflets have been requested and distributed nationally. Advice and teaching material has been given to many factories and other places of work concerning the health and hygiene of Asian girls.

Smoking and Health, the sexually transmitted diseases and the misuse of drugs

Special efforts have been made to inform and influence school children on these matters. Although smoking (and alcohol) are far bigger problems, most requests were made for information on drug abuse. The latest report on smoking brought few requests for extra help from us. Our only busy time with regard to smoking was a seemingly endless stream of small boys from a city grammar school who had been set

a project on smoking. We supported a national anti-smoking campaign by a wide display of posters.

All requests for information and reading material on the misuse of drugs were met.

Teaching on the sexually transmitted diseases was given as part of the health courses in school when requested by the head teacher. Lectures have been given in places of work, in a working men's club, to women's organisations and at colleges of further education.

Miscellaneous Health Education

We met most requests for lectures and films from outside organisations. Health educators often find that such assemblies consist largely of the already enlightened. However we feel we may have done useful work in cancer education, at least. Several talks on teenage behaviour may have done something for the generation gap. Participation in the training programmes of student teachers, student hospital nurses, student district nurses, student midwives, student health visitors, youth leaders and home help trainees has continued.

Expert opinion is sceptical about the efficacy of posters and other printed material in health education. We use these as professionally as possible in the hope that they will sometimes be in the right place at the right time.

Home Nursing

In line with the general policy of 'attachment' district nursing benefited from this development. General Practitioners and nursing staff have commented on the advantages which have become evident as co-operation has developed. Patients and their families through earlier referral, receive more timely nursing help and benefit from an earlier mobilisation of services.

Attachment has also resulted in the continued increase in numbers of treatments carried out by nurses at general practitioners' surgeries.

The night Nursing Service continues to fulfil a great need, particularly in providing nursing care for severely ill and handicapped patients who otherwise would require hospital care. If less rigid standards could be applied in the acceptance of night nursing cases through the provision of more staff, it would result in a further saving of hospital beds, and greater relief for patients and their relatives.

Summary of Nursing Statistics

Table A

	1970	1969	Differences from 1969	
Number of Cases treated at home by day	6532	6142	+ 390	+ 6.3%
Number included above who are also treated by night	275	254	+ 21	+ 8.3%
Number treated at Centre	418	416	+ 2	+ 0.5%
Number treated at G.P. Surgery	9359	5150	+ 4209	+ 81.7%
Total cases treated	16309	11708	+ 4601	+ 39.3%

Visits and Treatments Undertaken

Table B

Number of domiciliary visits by day	161559	155769	+ 4789	+ 3.0%
Number of treatments at Centre	5235	6236		
Number of domiciliary visits by night	8671	8674	— 3	0.0%
Number of treatments at G.P. Surgery	18621	12760	+ 5861	+ 46.0%
Total	194086	183439		

Visits according to Nursing Centre

Table C

	1970	1969	1968	1967	1966		
Central	42699	47269	52138	51236	50917	— 4570	— 9.7%
Belgrave	53041	48221	47755	45071	47780	+ 4820	+ 10.0%
West End	71054	66515	70447	69647	67371	+ 4539	+ 6.8%
Night Visits included in above	8671	8674	8969	8426	8506	— 3	0.0%

Age Distribution of Cases at all Centres

Table D

		Under 1 year	1-4	5-14	15-64	65-74	75+	All ages	Total
Treated at Centre	m	—	9	16	167	23	13	228	} 418
	f	1	1	7	131	33	17	190	
Nursed by day	m	57	172	241	905	578	643	2596	} 6532
	f	24	36	105	1324	921	1526	3936	
Nursed at Night	m	1	—	1	35	36	44	117	} 275
	f	2	2	1	41	34	78	158	
G.P. Surgeries									9359

Age distribution of Cases

Table E		Under 1 year	1-4	5-14	15-64	65-74	75+	Total
Belgrave	Treated at home by day	25	61	103	668	460	676	1993
	Treated at home by night	-	1	-	17	15	25	58
	Centre	-	1	3	66	15	4	89
Central	Treated at home by day	23	61	96	691	444	680	1995
	Treated at home by night	-	-	1	28	28	53	110
	Centre	1	9	20	214	40	26	310
West End	Treated at home by day	33	86	147	870	595	813	2544
	Treated at home by night	3	1	1	31	27	44	107
	Centre	-	-	-	18	1	-	19

Number of patients treated at Home, by duration of treatment

Table F		Under 2 wks	2 wks-1 mth	1-3 mths	over 3 mths	
		1970	1969	1970	1969	1970
Under 65	<i>m</i>	898		274		202
65-74		214		106		120
75+		213		112		104
Totals		1325	1334	492	421	426
					334	581
Under 65	<i>f</i>	807		272		248
65-74		232		169		143
75+		369		203		248
Totals		1408	1444	644	532	639
					555	1435
Grand Totals		2733	2778	1136	953	1065
					889	2016
						2021

Patients aged 65 and over

Table G	1970	1969	1968	1967	1966
Number of male patients over 65	1257	1031	1175	993	1069
Number of female patients over 65	2497	2238	2088	2070	2143
Total	3754	3269	3263	3063	3212
Number of visits	117440	114603	116787	114973	107524

Table H	65-74	75+
Number of patients	<i>m</i> 601 <i>f</i> 954	<i>m</i> 656 <i>f</i> 1543
Number of day visits	44845	67537
Number of night visits	2168	2890

Distribution by Disease (Main diseases nursed)

Table I	Male Total	> 65	65-74	75+	Died	Visits	Female Total	> 65	65-74	75+	Died	Visits
Cancer	214	79	86	49	117	5448	230	90	75	65	98	7571
Other Tumours	58	52	3	3	2	400	163	133	26	4	4	1311
Tuberculosis	70	64	5	1	—	1992	61	59	1	1	—	2496
Bronchitis/other respiratory disease	223	97	51	75	34	3602	219	87	52	80	20	3673
Diabetes	63	34	13	16	3	3689	79	30	22	27	4	11780
Anaemia	179	63	61	55	11	2671	511	205	126	180	20	10110
Cardiac	127	16	46	65	30	2788	182	20	43	119	47	6130
Digestive inc. Hernia	538	423	56	59	5	4853	401	234	72	95	9	5219
Cerebrovascular	261	69	103	89	54	11268	364	67	120	177	82	15544
Arthritis and Rheumatism	49	16	17	16	5	1579	237	63	85	89	14	10124
Generative organs, inc. circumcision	331	247	49	35	6	2747	340	148	71	121	8	3796
Disease of ear and eye	31	23	5	3	—	197	34	16	4	14	—	1389
Senility	63	—	9	54	11	2145	190	—	14	176	34	6105
Skin disease and cellular tissues	175	92	30	53	4	3990	353	99	107	147	12	12326

Total 47369

Total 97575

Others

442

Male

7005

762

Female

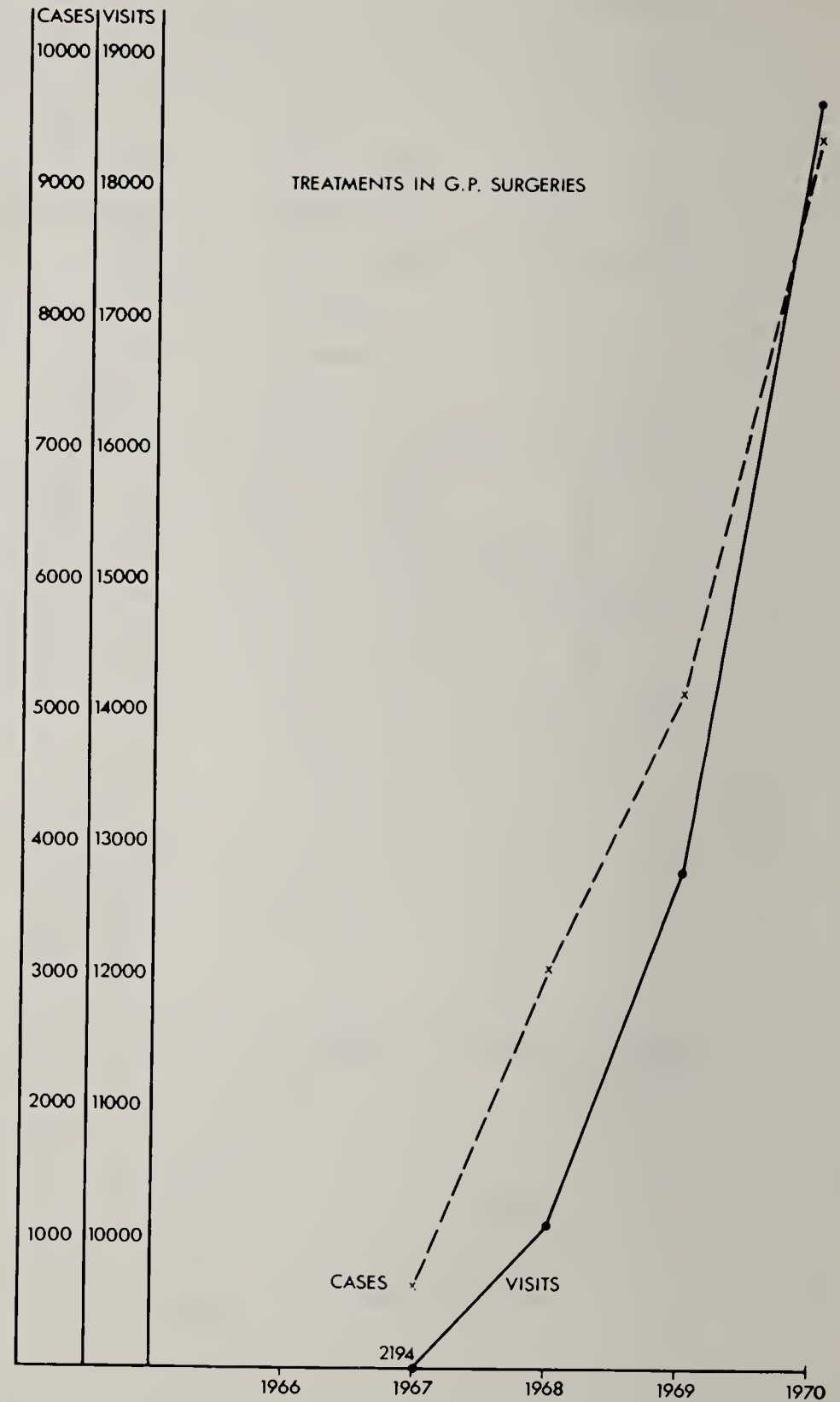
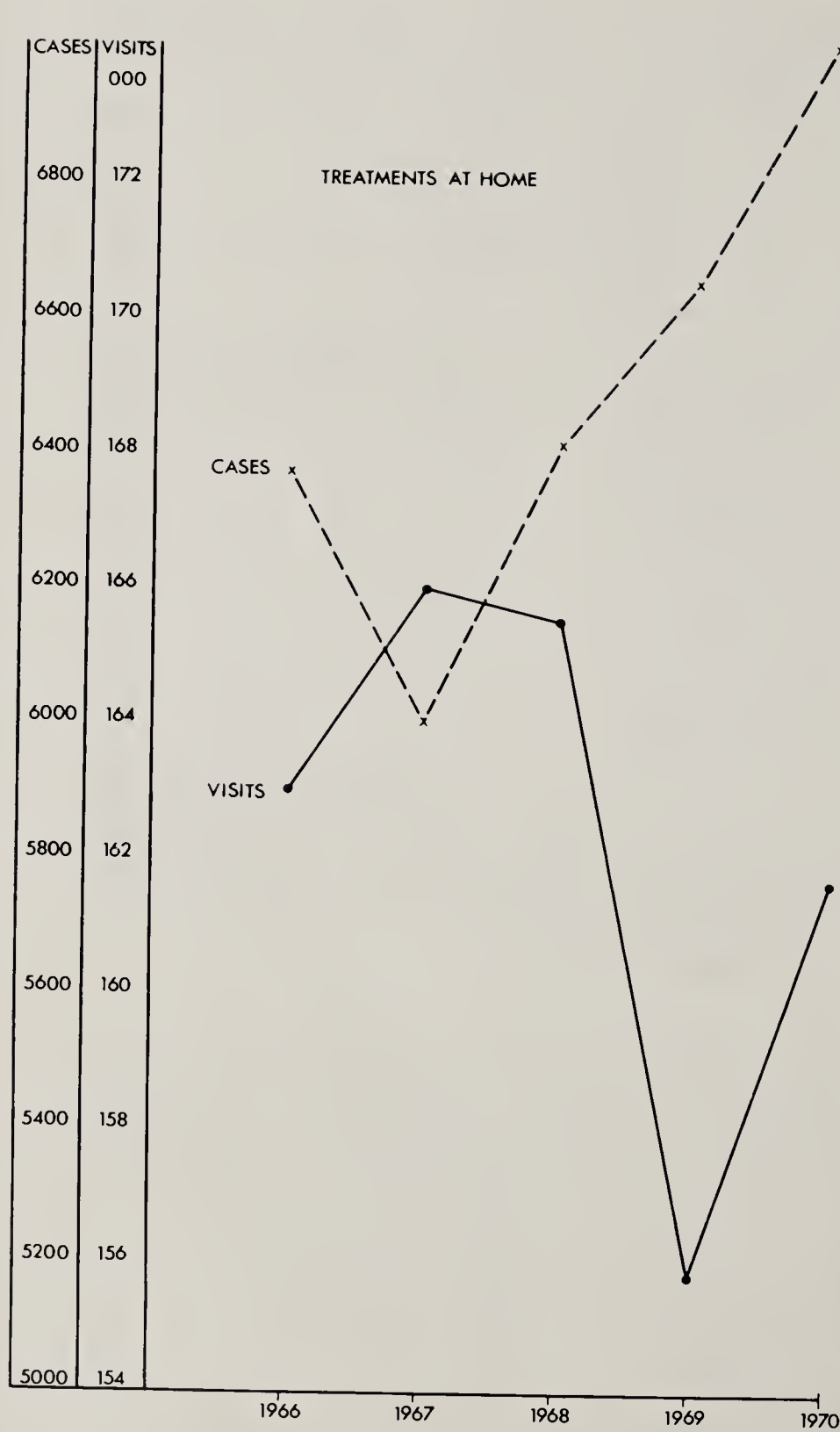
Visits

14845

Home Circumstances of Patients

Table J	—65		65—74		75+	
	<i>m</i>	<i>f</i>	<i>m</i>	<i>f</i>	<i>m</i>	<i>f</i>
Living alone	14	38	25	96	42	199
Housebound	410	511	245	443	302	824
Bedbound	125	157	158	168	188	367

HOME NURSING



District Nurse Training School

Preparation for the National Certificate of District Nursing

A total of 13 students including those seconded by Derbyshire and Northamptonshire County Councils, were entered for the January and May examinations. All the nurses were successful. A further 5 students commenced their training in September.

State Enrolled Nurses Course in preparation for the Queen's Institute of District Nursing Certificate

7 nurses were entered for the June examination, 6 nurses were successful.

Schemes operated in conjunction with Leicester Royal Infirmary

12 pupils completed the district nurse training course in preparation for the Queen's Institute of District Nursing Certificate. 11 pupils were successful.

Practical Instructor's Course for experienced District Nurses

25 nurses attended this course held in September. 14 of these were seconded by other Authorities.

The District Nurse Training Panel

The panel has been particularly concerned with the revised 1969 General Nursing Council syllabus and the need for adequate training facilities in the community. It was with these implications in mind that the Practical Instructor's Course was organised.

Public Health Tutor

Mrs. M. Damant was appointed Public Health Tutor in July, following successful completion of the Tutor's Course at the Royal College of Nursing.

In Service Training

A clinical refresher course commenced in October for the preparation of nursing staff for their role in general prac-

titioner health teams. Health Visitors, School/Clinic Nurses Midwives and District Nurses, attended the course. An invitation was also extended to occupational health nurses, hospital staff, the Welfare Department and the Nursing Services of the County of Leicester. The sessions were held twice weekly until December 1970.

Miss Goodall, Principal Tutor, Leicester Royal Infirmary School of Nursing gave invaluable help with the 1970 section of this course.

Experts from the fields of medicine and surgery were invited to outline new developments within their speciality, at a working lunch held at the Post Graduate Medical Centre each Wednesday.

Registration of Nursing Homes

	Number of Homes	1970 Number of beds provided		
		Maternity	Others	Total
Homes registered during year	3	—	91	91
Registrations withdrawn during year	—	—	—	—
Homes on register at end of year	10	18	256	274

	No. of beds
Ava Nursing Home	18
Central Nursing Home	16
Dane Hills Convent	48
Fernleigh Nursing Home	38
Leicester Clinic	32
St. Francis Private Nursing Home	24 + 18 Maternity
St. Benet's Nursing Home	21
Sundial Nursing Home	22
The Lawn Nursing Home	25
University Medical Centre	12

Registration of Nursing Agencies

Agencies registered during the year	2
Agencies on register at the end of year	3

Home Help Service

Report for the year 1970

Mrs. Beryl Dunkerley, Home Help Organiser

Staff: Home Helps

There was again an improvement in the recruitment of staff during the year. At 31st December, 1970, compared with the previous year, there was an increase in full-time equivalent staff of 17. Resignations were also lower than in the past and we look forward to 1971 with some optimism. The total of 214 full-time equivalent is 33 short of the approved establishment. Of the 115 applicants interviewed during the year 67 were accepted for employment.

The table opposite shows the number of home helps on the register at 31st December, 1970.

Retirements and resignations were lower this year than in the past five years.

Total number of home helps on payroll at 31st December

	1970	1969	1968	1967
i Full-time	91	70	80	91
ii Part-time	171	168	161	159
iii Full-time equivalent of ii	123	127	111	114
iv Total effective full-time staff	214	197	191	205
Total number of home helps	262	238	241	250
Auxiliary home helps	12	8	5	4

The movement of staff during the year

	1970	1969	1968	1967
Trainees engaged	67	79	71	68
Home Helps re-engaged	25	10	16	15
Resignations and retirements	64	88	96	74

Auxiliary Home Helps

This section of the service again proved to be of great assistance, giving relief to full time home helps, particularly at weekends.

Recruitment

The mounting demand for home helps especially to assist the elderly must be noted and steps taken to increase the present establishment in order to meet this demand. Two factors specially emphasise the problem. More than 1000 old people aged over 75 are in receipt of Home Help and there are certainly more who require the assistance if only staff were available to provide the help. Secondly the frequency of visiting provided is limited because the numbers of staff are inadequate to meet the demands in caring for these old people. Can it really be accepted that to visit a seventy-five year old living alone only once or twice a week is enough? It is a matter of urgency to increase the establishment so that the work can be done. The number of householders living alone receiving help and over pensionable age increased still further in the first three months of 1971.

	1970	1969	1968
Aged 65 years and over on first visit	2447	2242	2228
Aged under 65			
<i>a</i> Chronic sick and tuberculosis	220	193	192
<i>b</i> Mentally disordered	9	7	9
<i>c</i> Maternity	62	68	98
<i>d</i> Others	225	209	220
Night help only	29	23	28
Total	2992	2742	2775

The work of the service during 1970

The table opposite shows requests which were met in the different categories of help required in the home in accordance with section 29 of the National Health Service Act, 1946.

Six more cases were given night help this year. This help is normally only given to those suffering from a terminal illness or to give relief to those relatives caring for the chronic sick.

	Cases brought forward from 1969	New cases 1970	New periods of help 1970	Total cases helped 1970	Cases completed 1970	Carried forward 1971
Aged 65 or over on first visit	1576	776	95	2447	677	1770
Under 65 Chronic sick and tuberculosis	124	80	16	220	88	132
Mentally disordered	4	5	.	9	3	6
Maternity	.	61	1	62	61	1
Others	78	135	12	225	138	87
Night help only	3	26	.	29	27	2
Totals for 1970	1785	1083	124	2992	994	1998
Totals for 1960	2742	785	157	2742	957	1785

250 more homes were helped during 1970 than 1969, this was only made possible by the increase in staff. Maternity cases helped again showed a decrease but in every other instance the number has increased. During the year 344 new cases were accepted to give help to householders over 75 years of age, living alone and with no near relative. The only regular visitor, in many instances, was the home help. The old type terraced house without adequate heating or hot water is still one of the main problems of the service. Home helps are having to carry heavy buckets of coal up steep dark cellar steps. There are houses sharing toilets at the bottom of communal yards and for the elderly house-bound inside toilets are a necessity.

The organising staff made 10,913 visits during the year compared with 12,003 in 1969. With the increased case load and home helps the assistant organisers have had to spend more time in the offices dealing with administrative matters so that it has not been possible to do as many routine visits as one would like.

Householders living alone, receiving help at 31.12.70

65-74 age group	314
75+	1080

Problem Families

The home helps in this group continue to work under the help and supervision of the senior assistant organiser. Special efforts are made to recruit suitable women for this demanding section of the service. Unfortunately, many home helps, after recruitment, ask to be transferred due to the exacting work and emotional strain.

The following table sets out the work done in 1970:

	Referred in 1970	Help continued from 1969
Mental health of Mother	9	7
Physical health of Mother	20	23
Unstable marital relationship	3	3
Inadequacy of parents	4	10
Death or desertion of Mother, inadequacy of Father	4	1
Death or desertion of Father, inadequacy of Mother	3	4

The pattern of problems met when helping these families changes very little. Physical or mental ill health of parents, low standards of home conditions, budgeting, poor diet, rent arrears and other debts place them at continual risk. The home helps concerned need a vast amount of patience and tolerance. The senior assistant organiser visits regularly and works closely with other social work agencies involved with the families.

Much of the time spent by the home help with these families is in trying to train Mother in a basic household routine, consisting of budgeting, cooking, child care and home management. In times of crisis help to a particular family needs to be increased. Many families have received help from this service for a number of years.

	Families	No. of children at home
Families helped in 1969 brought forward to 1970	48	210
New families referred to the service in 1970	34	122
New periods of help opened in 1970	9	38
Families where help was withdrawn in 1970	39	160
Families carried forward to 1971	47	237

The sources of referral of new families were:

	Families	No. of children at home
Health visitors	13	46
Mental Health	2	6
Medical Social Workers	5	13
General Practitioner	4	14
Children's Department	4	14
Client	3	14
District Nurse	1	8
Ministry of Social Security	1	2
Education Welfare Officer	1	5

and of new periods of help

	Families	No. of children at home
Children's Department	3	15
Health Visitor	3	16
Mental Health	1	2
Medical Social Worker	2	5

The weekly total of accepted cases not covered averaged 275 over the year. This figure includes householders who are temporarily away from home or not requiring help during a particular period.

Six pool cars were available for use by the organising staff, a car allowance being available to the organiser and senior assistant organiser.

In November, 1970, the service became a free one, apart from maternity cases which are still chargeable. Householders who were only receiving once weekly calls because of the expense incurred are now receiving more help if there is a need.

Training of Staff

Five home help preparation courses were held during the year. The courses are of four weeks duration and include lectures, films and discussion periods.

An assistant organiser attended a four day school at Malvern run by the Institute of Home Help Organisers.

Week ended 20.3.70

				<i>Corresponding figures for 1969 Increase</i>
473 daily calls	2580 during week	2170	410	
71 four times weekly calls	284	„	284	.
146 three	„	„	438	„
327 twice	„	„	654	„
646 once weekly calls	646	„	617	29
Total for week	4602		3972	630

Week ended 30.10.70

454 daily calls	2480 during week	2040	440	
86 four times weekly calls	344	„	344	.
189 three	„	„	567	„
382 twice	„	„	764	„
738 once weekly calls	.		638	100
Total for week	4893		4057	836

Help was withdrawn from 39 families during the year for the following reasons

	Families	No. of children at home
Mother started to work	2	9
Improvement of physical and/or mental health of mother or father	19	80
Families who remained stable and maintained reasonable standards over a period	7	34
Families left Leicester	1	2
Children taken into care because both parents inadequate	2	6

Care and Aftercare

Compulsory removal

Unfortunately during the year it became necessary to remove 3 persons to hospital under Section 47 of the National Assistance Act 1948. Two were old ladies who were suffering from severe chronic illness, and in spite of full support from neighbours, district nurse, and home help service, were unable to be adequately looked after in their own homes. There was also one elderly man, of no fixed abode whose physical condition had deteriorated until he was no longer mobile, who had to be dealt with similarly.

Convalescent Holidays

The recuperative holiday scheme is provided for cases who are in need of convalescence but are not in benefit with the Leicester & County Convalescent Homes Society. Each case is assessed on medical grounds to determine need and a financial assessment enables a charge to be made according to means.

During the year a review was made of the system of financial assessments and a minimum charge of £4 per-week was introduced on 1st November. However, as the majority of holidays are arranged throughout the summer months it will not be until next year that any effects of this charge will be seen.

The closure of Roecliffe Manor was reported last year and children who require convalescence are now sent to the Leicester Boys and Girls Summer Camp at Mablethorpe. Holidays were arranged for four children during the year and one child was sent to Sheringham House with her mother, both being in need of convalescence.

No charge assessment	192
i.e. full cost borne by Leicester Corporation	47
Part cost assessment	10
Full cost paid by patient, either by assessment or offer	

Distribution of patients according to age

Under 15	15-64	65-74	75-84	85+
5	55	106	78	5

Convalescence

1970 1969

Number of applications	303	356
Children sent to (a) Roecliffe Manor (1969)	.	52
(b) Mablethorpe (1970)	4	.
Adults sent to (a) Hunstanton	199	122
(b) Sheringham House and Overstrand Hall	45	102
Children sent to Sheringham House	1	.
Not sent to convalescent home by Health Department	54	73
(Applications refused, refused to pay assessment, referred to Convalescent Homes Society, illness, other arrangements, etc.)		

Chiropody Service

The scheme is provided for pensioners and certain handicapped persons through local chiropodists. An assessment is made in each case to determine need.

The number of treatments given continued to rise in 1970 although the number of patients on the books at 31st December had dropped slightly from 2134 in 1969 to 2078.

Chiropody Service	1970	1969	1968	1967
New cases, domiciliary	247	263	294	274
Domiciliary treatments	6176	6040	5281	4598
New cases, other	275	254	268	317
Other treatments	5823	5561	4944	4459

Laundry Service

This valuable service continues to be provided for the elderly and chronic sick by the Leicester Old People's Welfare Association and W.R.V.S. with Rotary Club support. Over the past 5 years the number of cases dealt with has increased by 25% per year and there is no evidence that the service is yet fully meeting the demand imposed by the large number of old people in desperate need of this service.

Domiciliary Laundry Service	1970	1969
Number of cases brought forward	109	99
New cases	309	331

Cases removed from register during 1970

Died	154
Transferred to hospital	72
Service no longer required	64

Medical Equipment Loan

The responsibility for organising and maintaining the loan of medical equipment is delegated to the British Red Cross Society. Mrs. Ann Crumbie, Assistant Branch Director, Medical Loan Section, reports as follows:

"It is inevitable that each year there will be an increase in the demands on the service of the Medical Aid Department of the British Red Cross Society. The year 1970 showed a 20% rise on 1969.

Group Attachments of Nurses, who as part of their training visit this Department, has led to a greater awareness by many general practitioners in the range and availability of our aids.

The demand for ripple beds has been such that in the last three years we have had to purchase 60 but they do give much relief, particularly to terminal cancer patients.

Our Balkan Beam beds are also being called into service more often. Our most recent addition to the range of equipment available is an aspirator.

As this report goes to press the Department moves to new premises at 157 Cavendish Road. Apart from more space in which to operate, one of the features will be a permanent Display and Training Unit which we hope will prove useful for all involved in home care of the sick and handicapped".

City Ambulance Service

Report for the year 1970

D. H. Jones, MIAI, Chief Ambulance Officer

During 1970 ambulance vehicles travelled 464,998 miles conveying 127,144 patients. Although there is an increase of 6,062 patients carried, the total mileage was reduced by 3,909 miles. This resulted in a reduction in the miles per patient of 0.2 miles, that is from 3.86 to 3.66 miles.

Abortive calls

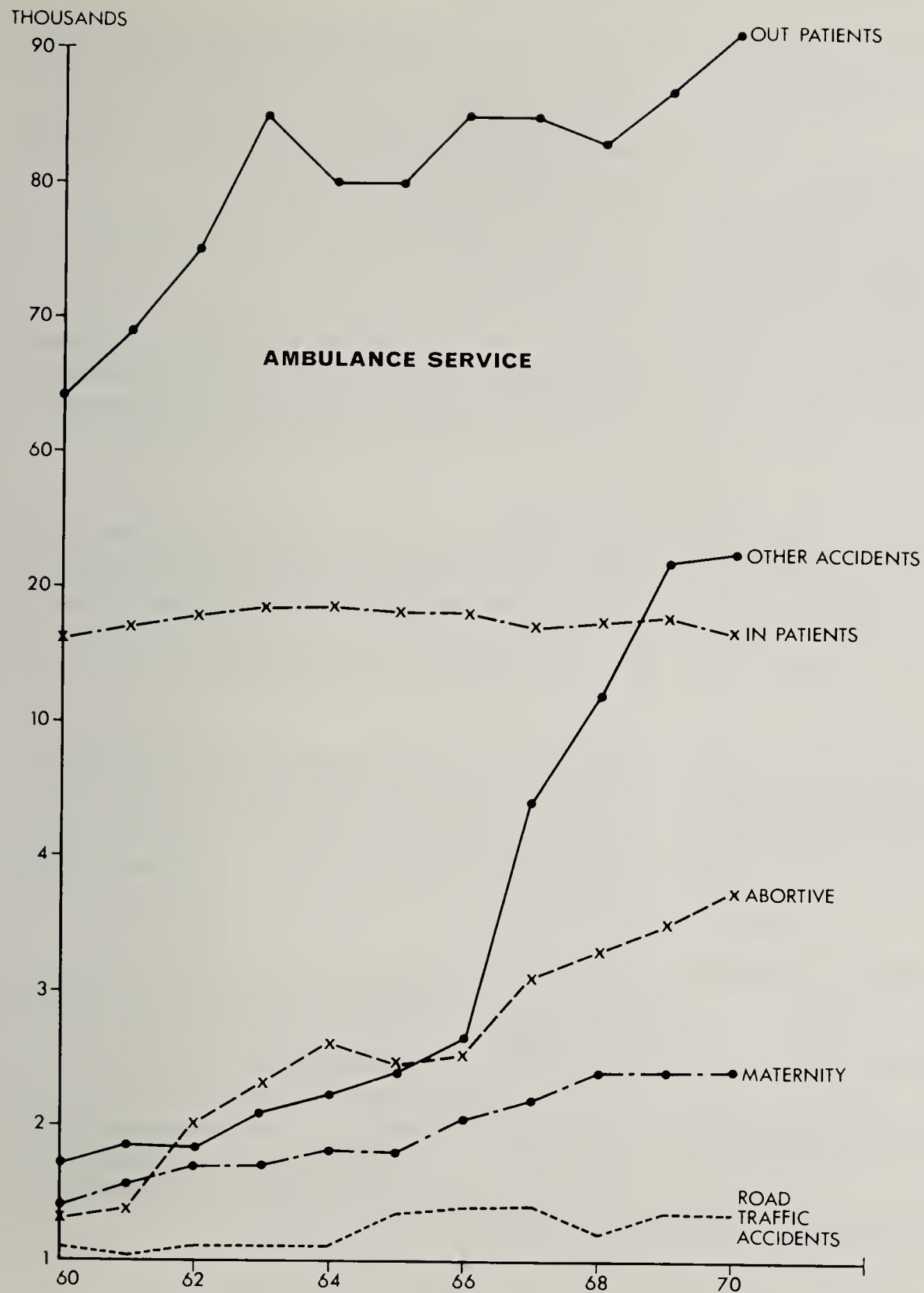
There was a further increase in the number of abortive calls from 3,587 in 1969 to 3,797 in 1970. Many of these

occurred during the period of industrial sanctions. Patients after reading conflicting press reports as to the facilities being provided by the Ambulance Service undertook to find their own means of transport to hospital for treatment.

Geriatric Day Unit

The development of this Unit was also affected by the strike of ambulance personnel. The anticipated figure of 40 patients per day to the Unit was not achieved although due

City Ambulance Service		Total calls		Increase	Decrease
	Patients carried	1970	1969		
	Hospitals: Outpatients	91521	87073	+ 4448	
	Admissions & Transfers	7572	8241		—669
	Discharges & Convalescent	9110	9808		—698
	Maternity cases	2411	2410	+ 1	
	Mental cases	203	154	+ 49	
	Infectious disease cases	83	81	+ 2	
	Accidents – Road	1381	1386		—5
	Other	6284	6229	+ 55	
	Premature baby cot cases	38	42		—4
	Parkfield School	3191	1010	+ 2181	
	Other local authorities	3	16		—13
	Patients dead on arrival	116	140		—24
	Abortive	3797	3578	+ 219	
	Miscellaneous services for which charges are made – number of journeys	581	9	+ 572	
	Transporting Gas & Air machines for Midwifery Service – number of journeys	3	38		—35
	Number of other journeys made by personnel	850	867		—17
Total calls		127144	121082		
Mileage		464998	468907		
Average miles per patient		3.66	3.86		
Number of patients conveyed by train		53	48		
Train mileage		7236	7323		
Average train miles per patient		136.53	152.56		



to the physical condition of patients it was necessary to introduce double manning of the three vehicles used on this work.

Physically Handicapped School, Gwendolen Road

In August the Ambulance Service was requested by the Education Department to convey physically handicapped children to the new physically handicapped unit at Gwendolen Road. This again required a double manned vehicle which made a heavy demand upon the service at peak periods. It is understood that the Education Department will be providing a purpose-built vehicle for this type of work in due course.

Establishment	1970
Establishment	74
Average number in post	72.5
Resignations	14
Trainees	17

Establishment

There has been no increase in the establishment since the extension of the City Boundary in 1966 and since then, the number of patients conveyed by the Ambulance Service has increased by 11.2%.

Training

Two courses were held at our Training School during the year:

- (a) Officers' Appreciation Course
- (b) Local Instructors' Course in Ambulance Aid

2 Station Officers attended the Local Government Training Board Instructors Course at Wrenbury Hall, Cheshire and both were successful.

24 Trainee Ambulancemen were sent on a 6 week Interim

Course at the Leicestershire County Council Training School. 22 attained the required standard. The two who failed to attain the required standard have since been re-assessed and are now competent to carry out the whole range of duties of an ambulanceman.

2 men were sent on a 2 week Ambulance Aid Course at the Leicester County Council Training School, both men were successful.

3 Officers and 8 ambulancemen attended a one week appreciation course in work study techniques for management operators, by the Work Study Division of Management Services. The Senior Mechanic attended a one week course on "Brakes and Transmission" at Fords, Slough.

Competitions

The Annual Competition was revived this year after a lapse of 13 years. A Challenge Trophy was presented by Wadham-Stringer and at the Regional Finals the driver representing this authority was runner-up to the Champion driver. The was team placed 6th out of 13 competitors.

Productivity

A team from the Work Study Division have, during the last twelve months, been carrying out surveys into the possibility of introducing a productivity scheme for Ambulance workers. Full agreement has not yet been achieved.

Vehicles

As the B.M.C. LD5 chassis was no longer available it was decided to purchase 2 Ford Transit (25 cwt.) Ambulances but delivery has been delayed owing to industrial disputes at Ford's and the bodybuilders. They are now expected early in 1971. The vehicle replacement based on a 5-7 year programme was discontinued owing to financial restrictions. Inevitably the repair/maintenance cost of the older vehicles, which are 9 years old, has resulted in an increase of the overall costs.

The present strength of the service is:

Ambulances	17
Dual Purpose Vehicles	4
Sitting case vehicles	4
Estate car	1
Staff/sitting car	1
Van	1
Workshop Recovery Vehicle	1
	29

The service is responsible for the repair and maintenance of 50 other vehicles (cars, vans, scooters and bicycles) of other sections of the Health Department.

Parkfield School

During the year a new 20 seater vehicle was purchased for conveying children to the school. This work had previously been carried out by Ambulance Staff, thus the purchase of this new vehicle relieved 2 ambulances and crews for Section 27 work.

New Equipment

All ambulances were equipped with the new "Entonox", Oxygen equipment and "Air Viva" resuscitators during the year. This authority was one of the first in the country to equip all its ambulances with the analgesic agent "Entonox" and this equipment has proved invaluable to the ambulance-men in relieving pain and distress to patients. By having all

ambulances equipped with the "Air Viva" resuscitators, a manually operated mechanical means of resuscitation, which could also give concentrated oxygen, was immediately available at a scene without having to wait for the "Minute-man" Resuscitator to be sent from the depot. Similarly every ambulance was equipped with Rescue and Major Disaster equipment as recommended by the Working Party on Ambulance Equipment. The boxes to carry this equipment were made by the trainees and staff at the Fosse Industrial Unit, to whom I would like to record my grateful thanks for their help and co-operation.

Radio/Telephone Communications

It was anticipated that the Ambulance wireless system would have been replaced during the year, but on the advice of the Minister of Post & Telecommunications and the Department of Health and Social Security this was delayed until 1971/72 because the wave band and frequency of the Ambulance Service is still not agreed by these departments. Their recommendations are expected early in 1971.

A temporary interruption of part of the Midwives' Radio system resulted after the aerial at Emily Fortey school collapsed during a gale. Tests were carried out from Marston House and it is hoped to have the transmitter aerial moved from the Leicester General Hospital to the Marston House site as soon as it is practicable, thus enabling all the city to be covered by one base station instead of 2.

	1970	1969	1968	1967	1966	1965	1948
Total number of calls	127,144	121,082	115,907	117,431	115,805	110,920	36,661
Mileage by road	464,998	468,907	467,864	454,788	446,155	398,699	196,870
Average miles per patient	3.66	3.86	4.04	3.81	3.85	3.59	5.37
Patients conveyed by train	53	48	72	75	134	201	.
Number of miles by train	7,326	7,323	8,507	8,834	14,173	18,677	.
Average miles per patient by train	136.53	152.56	118.15	117.78	105.75	92.92	.

Population

Although the Registrar General has estimated the population of the City to be 276690 in 1970 the result of the 1971 Census will be awaited with considerable interest because of its significance to the future planning and development of the city and the proposed reorganization of the Health Services in the area.

Critical changes have occurred in the size and structure of the population of the city over the past decade, due to the high birth rate, migration and changes in mortality. Furthermore, the Office of Population, Census and Surveys in a Quarterly Return, 31st March 1970, has intimated that death rates are expected to show a further drop. Thus in males under the age of 40, and females under the age of 50 the death rates are expected to decline by 50% by the end of the century. This, in turn, will lead to further aggravation of the existing problems of housing, transportation, pollution and geriatrics to name but a few.

As recently as 1969 the Registrar General indicated that the percentage of the population of the country as a whole, under the age of 15, was 23.5%. Those of working age represented 60.7% and those of retirement age constituted 15.8%. Anticipated changes in morbidity and mortality are likely to bring about an increase in the non-working section of the community.

Deaths

Speaking at the third International Conference on Alcoholism and Addiction, Professor Lowe, Professor of Social and Occupational Medicine at the Welsh National School of Medicine, indicated that the cost to the National Health Service of repairing the lungs of cigarette smokers was £43 million and patients suffering from the effects of smoking were taking up $4\frac{1}{2}\%$ of hospital beds. In the Leicester area this would represent about 160 beds – just for tobacco addicts to die or be patched up.

At a cost of £8 per bed a day the annual cost of treating these burnt out addicts in hospital alone amounts to nearly half a million pounds per year. This does not, of course, include the cost of providing their general practitioner, the drugs consumed at home, domiciliary nursing and the services of other agencies required for their help and support. The economists may question the justification of this costly exercise, particularly when we are extremely short of hospital beds.

Road Traffic Accidents

Analysis of **Persons killed or injured** in Leicester City during 1970

	Fatal	Serious	Slight
Child pedestrian	3	58	238
Pedestrians	17	70	262
Child Pedal Cyclists	.	11	45
Pedal cyclists	.	14	114
Auto cyclists	.	11	42
Scooterists	.	14	63
Motor Cyclists	2	34	122
Drivers	2	36	299
Pillion passengers	.	10	42
Sidecar passengers	.	.	3
P.S.V. passengers	.	10	59
Other passengers	3	38	313
	27	306	1602
Total injury accidents recorded	1557		
Total casualties	1935		

Of the 27 fatal accidents occurring in the City
20 occurred to pedestrians

Likewise amongst
306 serious injuries
128 occurred amongst pedestrians
48 were pillion or other passengers

This unnecessary slaughter and injury is a constant reminder of the hazards of modern living. A recent report states that serious injuries can be reduced by 70% by wearing seat belts, but in a survey undertaken in 1969 only

8% in London were wearing them
20% on Class A roads were wearing them
28% on motorways were wearing them

This simple measure would substantially reduce casualties to drivers and passengers if only the public would take this simple precaution. To obtain a reduction in pedestrian casualties one has to take into account not only the frailties of the elderly and the very young, but the shortcomings of drivers. Again, a recent report suggests that visual acuity may be defective amongst a large percentage of drivers.

Cervical Cytology	1970	1969	1968	1967
No. of women requesting smear	1117	1245	1433	2179
Examined at Midland House	1231*	1028	1338	1908
Examined at home	.	1	4	.
No. on waiting list	88	177	78	100
No abnormal cells	1197	937	1135	453
Doubtful	1	7	4	4
Positive	2	4	5	10
Rate per 1000	1.6	3.7	3.7	5.2
Trichomonas	18	37	38	60
Monillia	7	6	8	4
Other findings	6	37	152	451
Total abnormal findings	33	84	203	525
Total abnormal findings per 1000	2.8	8.1	15.2	27.5

*figure higher than above because of planned re-calls.

There has been a decline in women attending the Local Authority Cytology Clinic over the past 4 years. Figures for the total Leicester area supplied by the Sheffield Regional Hospital Board show a steady increase in total cases examined in the area which includes both City and County. Thus more patients are being seen by general practitioners and the Hospitals.

Total Tests carried out in the clinical area

Figures supplied by Sheffield Regional Hospital Board

	1970 Half year	1969	1968	1967
	9097	18456	15618	15237

Infectious Diseases

Infectious diseases **morbidity and mortality**

	Notifications		Deaths	
	1970	1969	1970	1969
Measles	2476	1244	1	1
Scarlet Fever	40	89	.	.
Whooping Cough	13	19	.	.
Diphtheria	.	.	.	.
Meningitis	10	19	5	6
Acute Poliomyelitis	.	.	.	.
Encephalitis (infective)	.	12	.	.
Bacillary dysentery	14	35	.	.
Typhoid Fever	1	3	.	.
Paratyphoid Fever	.	.	.	.
Infective Hepatitis	561	660	2	2
Ophthalmia Neonatorum	3	3	.	.
Leprosy	2	1	.	.
Gastro Enteritis	86	57	9	5
Tuberculosis	(See section on Tuberculosis)			

The figures for infectious diseases for the year 1970 are shown in the table compared with previous years. Generally they show a gratifying reduction in whooping cough and scarlet fever while other childhood infections continue at a low level. Measles numbers have nearly doubled after two quieter years because the children who have not been vaccinated have increased in numbers. This disease which can cause so many complications in young children is now preventable and if all children were inoculated as soon as they reach 16 months of age measles might be reduced to a rarity.

Among the gastro-intestinal diseases the picture is less satisfactory; while dysentery has fallen by 60% to 14 cases, gastroenteritis has increased by 75%, food poisoning by a small amount and although hepatitis is slightly better than in 1969, the figure of 561 is far too high. The single case of typhoid was contracted outside the country.

There were no general outbreaks of food poisoning in the year, all being sporadic cases; the largest family outbreak consisted of 6 cases.

Infectious diseases notifications

	1950	1955	1960	1965	1966	1967	1968	1969	1970
Measles	1839	7168	2867	2411	1991	2142	1638	1254	2476
Whooping Cough	969	1139	61	168	67	131	140	19	13
Dysentery	697	505	48	169	155	27	116	35	14
Scarlet Fever	478	147	99	66	58	122	118	89	40
Puerperal Fever	47	155	92	15	12	17	14	No longer notifiable	
Diphtheria	5	.	.	.	.	.	.	.	.
<i>Meningitis</i>									
Meningococcal	16	7	.	2	3	2	1	2	7
Other Specified	.	.	.	.	.	.	.	11	2
Unspecified	.	.	.	.	.	.	1	7	1
<i>Poliomyelitis</i>									
Paralytic	42	4	1	.	.	.	.	.	.
Non-Paralytic	37	9	.	.	.	.	.	.	.
<i>Encephalitis</i>									
Infectious	8	.	5	.	.	.	1	1	.
Post-Infectious	.	1	.	1	2	1	.	.	.
Leptospirosis	.	.	.	.	.	.	.	.	.
Paratyphoid	.	.	1	.	.	.	1	.	.
Typhoid	.	.	.	.	2	1	.	3	1
Gastro Enteritis	.	.	.	.	49	.	.	57	86
Food Poisoning	347	251	27	5	26	19	76	51	60
Malaria	.	2	.	.	.	.	1	1	2
Ophthalmia Neonatorum	2	3	11	6	7	7	1	3	3
Leprosy	.	.	.	.	.	.	.	1	2
Infective Hepatitis	.	.	.	299	155	188	244	664	561
<i>Tuberculosis</i>									
Pulmonary	.	213	158	124	143	83	94	108	128
Non-Pulmonary	.	26	26	33	27	38	37	73	62

Food poisoning 1970

	General outbreaks		Family outbreaks		Sporadic cases	Total	Total
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained	Notified or ascertained	No. of outbreaks and sporadic cases (columns 1, 3, 5)	No. of cases (columns 2, 4, 5)
Causative agents	1	2	3	4	5	6	7
S. typhimurium	.	.	2	4	5	7	9
Other Salmonellae	.	.	2	8	12	14	20
Total	.	.	4	12	17	21	29

Food poisoning due to Salmonellae other than Salmonella Typhimurium

Worthington	.	.	.	.	1	1	1
Bareilly	.	.	.	.	1	1	1
Panama	.	.	1	6	.	1	6
Enteritidis	.	.	.	.	1	1	1
Bredeney	.	.	.	.	2	2	2
Stanley	.	.	1	2	.	1	2
Senftenberg	.	.	.	.	1	1	1
Untyped	.	.	.	.	6	6	6

Average Annual Mortality by Main Causes for the quinquennial periods from 1951-1970

Cause	Male				Female			
	1951-5	1956-60	1961-5	1966-70	1951-5	1956-60	1961-5	1966-70
Cancer	277	312	308	355	287	291	280	316
Cancer of Lung	80	105	114	118	12	16	19	22
Coronary Thrombosis	241	276	330	394	134	176	199	283
Stroke	210	265	265	206	276	382	385	319

Examination of some of the main causes of death over the last twenty years shows that the number of Cancer deaths in men has increased by 28% compared with only 10% increase in women. Over the same period however women have shown an 83% increase in Lung Cancer. The corresponding increase for men was only 38%. Men however have had a 63% increase in Coronary Thrombosis. The figures for women went up 11%. Strokes in women also increased by 15% whereas the incidence of strokes as a cause of death in men remained about the same.

Special Clinic for Leprosy Contacts

A regular clinic is being held at Midland House for examination of contacts sharing the same household with people suffering from leprosy. These contacts are kept under close observation and, depending on circumstances, are seen at three monthly intervals for periods of from 2-5 years.

At the beginning of 1970 there were 15 cases of leprosy on the register in Leicester. Fourteen were receiving treatment locally and one was being treated at the Hospital of Tropical Diseases in London. None of the sufferers is at present infectious. All are responding to treatment and their condition is now quiescent. There was only one new notification during the year. The total number of leprosy cases in December 1970 was reduced, however, to 14, as one case was removed from the register as cured and one patient left Britain for his home of origin. The number of leprosy contacts in January 1970 was 115 and by the end of the year the figure dropped to 55 (which includes the 7 contacts of the new case), sixty-seven people having been taken off the list after completion of the observation period. As there are now only 55 contacts it is possible to do the follow-up in monthly sessions instead of weekly clinics as before.

Every contact is thoroughly examined from top to toe under a strong light. This is most essential as the disease often starts painlessly with a single pale patch which the patient often misses or disregards as it does not incon-

venience him at all in the beginning. None of the examined contacts has contracted leprosy. A few other relatively harmless skin diseases were diagnosed in 15 persons. Of these, children were treated at our Minor Ailment Clinic and adults referred to their general practitioner or to the Leicester Royal Infirmary.

B.C.G. vaccination against tuberculosis proved to be of considerable value in protection from leprosy in about 75% of children at risk in Africa. All children and some adults are, therefore, given this protection at our clinic for leprosy contacts.

Leprosy cases and contacts

<i>Cases</i>	
No. of cases 1st January, 1970	15
New notification in 1970	1
Cases taken off register in 1970	2
No. of cases 31st December, 1970	14
<i>Contacts</i>	
No. of contacts 1st January, 1970	115
New contacts	7
Removed from observation	67
No. of contacts 31st December, 1970	55
No. of sessions 1970	35
Total attendances 1970	230

Tuberculosis

Report on the Chest Clinic for 1970
by C M Connolly, *MD, MRCP, DPH*

The tuberculosis work of the Chest Clinic has continued along the same lines as in the previous year.

There was a slight increase in the total of new cases discovered. This was more than accounted for by the increase in the number of Asian cases.

Treatment of the disease is now so effective that complete recovery can be confidently expected provided the patient fully co-operates and takes the treatment that is recommended.

It is satisfying to record that for the first year there were no chronic positive cases in the City.

New Cases

220 new cases of tuberculosis were registered during the year as compared with 216 in 1969. These figures include the "transfer in" cases who came to live in the City during the year.

	1970	1969	1968
Pulmonary	151	136	126
Non-pulmonary	69	80	49
Total	220	216	175

The number of new cases in Asian immigrants was 89 pulmonary and 55 non-pulmonary in 1970 as against 75 pulmonary and 52 non-pulmonary in 1969.

Excluding transfers and "lost sight of" cases the pulmonary cases in Asians (89) accounted for 65% of the total of new pulmonary cases in the City and the non-pulmonary cases in Asians (55) accounted for 84.6% of the total non-pulmonary cases found during the year.

The number of new cases in Asians since 1964

	1970	1969	1968	1967	1966	1965	1964
Pulmonary	89	75	62	50	42	39	29
Non-pulmonary	55	52	35	29	14	13	15
Total	144	127	97	79	56	52	44

New cases including transfers in since 1964

	1970	1969	1968	1967	1966	1965	1964
Pulmonary	151	136	126	114	175	165	146
Non-pulmonary	69	80	49	44	37	28	43
Total	220	216	175	158	212	193	189

% Distribution of cases in immigrants for 1970

65 % of total pulmonary cases
84.6 % of total non-pulmonary cases
65 % of total notifications

Sources of the cases of tuberculosis registered during 1970

	Pulmonary	Non-pulmonary	Total
Transferred in from other areas	13	4	17
Referred by General Practitioners	86	43	129
Referred by hospital doctors	6	15	21
Referred by Mass Radiography Unit	17	.	17
Discovered on Contact X-ray	17	2	19
Scheme for X-ray of pregnant women	1	.	1
School case finding scheme	5	.	5
Death adjustments	4	4	8
Posthumous notifications	.	1	1
"Lost sight of" cases returned	1	.	1
New immigrants	1	.	1
Total	151	69	220

Sex and age groups of those notified during 1970		0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
Pulmonary	males	.	3	1	5	8	16	12	17	11	9	82
	females	2	2	5	6	9	12	5	6	4	4	55
Non-pulmonary	males	.	.	1	3	4	9	4	7	3	.	31
	females	.	1	1	.	8	3	7	8	2	4	34

Sex and age groups of those transferred in from other areas and "lost sight of" cases returned		0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
Pulmonary	males	1	.	.	1	3	1	3	1	.	.	10
	females	.	.	.	1	2	1	.	.	.	.	4
Non-pulmonary	males	.	.	.	.	1	.	.	.	.	.	1
	females	.	.	.	1	2	.	.	.	.	.	3

This table shows the number of contacts who attended for Chest X-ray during the past four years. The number of contacts found to have tuberculosis in 1970 was 19 as compared with 20 in 1969.

Contacts		1970	1969	1968	1967
Number of contacts examined		2062	2232	1928	1645
Number of contacts found to have tuberculosis		19	20	13	15

School case-finding scheme		1970	1969	1968	1967
Tuberculin positive school-children and their contacts, including school entrants, immigrants and school leavers		468	813	805	670
Number found to have tuberculosis		5	8	12	4

Radiological examination of expectant mothers		1970	1969	1968	1967
Number of expectant mothers x-rayed		1615	1363	1461	1921
Number found to have tuberculosis		1	1	4	3

B C G Vaccination		1970	1969	1968	1967
Number of B C G Vaccinations		496	626	697	724

Deaths		
Deaths due to Pulmonary Tuberculosis		6
Deaths due to Non-pulmonary tuberculosis		3

Number of deaths from tuberculosis in Leicester during the past five years	Phthisis		Other tuberculous diseases		Total tuberculous deaths	
	Deaths	Rate per 100,000 population	Deaths	Rate per 100,000 population	Deaths	Rate per 100,000 population
1970	6	2.15	3	1.0	9	3.2
1969	6	2.15	7	2.51	13	4.66
1968	6	2.1	3	1.0	9	3.2
1967	10	3.53	3	1.06	13	4.6
1966	13	4.65	1	0.35	14	5.00

The above figures include 4 death adjustments, and 1 posthumous notification.

Chronic cases	1970	1969	1968	1967	1966
Number of resistant cases	.	2	4	4	6

Recovered cases

During the year the names of 127 patients were removed from the tuberculosis register as having recovered. Of these 98 were pulmonary and 29 were non-pulmonary. Of the pulmonary cases 59 had tubercle bacilli in their sputum.

Clinical examinations	Men	Women	Children	Total
First examinations	3024	2273	351	5648
Re-examinations	1807	965	194	2966
Radiological examinations	1970	1969	1968	1967
	14327	14057	13925	14042

Radiological examinations

General Practitioners in Leicester requested an opinion on 4747 patients, 3460 were referred for the first time and the remainder were cases who had been X-rayed before.

Analysis of cases on Chest Clinic register

	Diagnosis	Pulmonary			Non-pulmonary			Total			Grand Totals
		Men	Women	Children	Men	Women	Children	Men	Women	Children	
A New cases examined clinically and/or radiologically	Definitely TB	64	39	10	20	26	1	84	65	11	160
	Diagnosis not completed and under observation							181	95	14	290
	Non-tuberculous							2912	3898	414	7224
B New contacts examined during the year	Definitely TB	10	4	3	1	.	1	11	4	4	19
	Diagnosis not completed and under observation							1	3	1	5
	Non-tuberculous							297	266	109	672
C Cases written off Chest Clinic register	Recovered	60	31	7	16	11	2	76	42	9	127
	Non-tuberculous							3392	4241	557	8190
D Number of cases	Definitely TB	449	296	57	102	130	13	551	426	70	1047
	Diagnosis not completed and under observation							408	216	43	667

1 Number of cases on Clinic Register on 1st January, 1970, including observation cases	1729
2 Number of cases transferred in from other areas, also "lost sight of" cases returned	18
3 Number of cases transferred to other areas, cases not desiring further assistance under the scheme, cases "lost sight of" and cases where the diagnosis has not been established	55
4 Cases written off during the year as dead (all causes)	31
5 Number of attendances at the Clinic for all purposes	16395
6 Number of chest X-ray films taken during the year	14327
7 Number of persons receiving B C G vaccine at the Clinic during the year	496
8 Number X-rayed under the scheme for X-ray of pregnant women	1615



- 1 The Senior Management team.
- 2 Elderly people in residential care.
- 3 A family casework interview.
- 4 Meals service for the elderly in their own homes.
- 5 Occupation for the physically-disabled at Douglas Bader Centre.
- 6 Social workers in a case conference.
- 7 A Home Help assisting the elderly.
- 8 Training mentally handicapped persons at the Fosse Industrial Centre.
- 9 Children in residential care.
- 10 Children under five at play in a Day Nursery.

City of Leicester Social Services Department

Head Office:
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99 Burleys Way
Leicester LE1 3TW
Tel: Leicester 51199

Leicester

the city
with time
to care



A message from the Director of Social Services...

...caring from childhood to old age

This brochure has been prepared to show the type and location of services now operated by the City of Leicester Social Services Department whose head office is at Thames Tower, Burley's Way, Leicester.

The personal social services of the city have recently been integrated into a single department and the social service needs of the community from infancy to old age are now dealt with on a geographical basis by teams made up from the former Children's Dept., Mental Health, Day Nursery and Home Help sections of the Health Department and the former Welfare Department.

Residential Services include homes of all types and Family Care include the Day Nursery and Child Minding Services.

The services depicted in this brochure represent the available services at the present time but the department hopes that new services will be provided to meet the particular needs of individuals and families in the city as these needs are assessed. The department hopes to work closely with voluntary organisations in the city as well as with the Education, Health and Housing Departments of the Local Authority and with the Police and Probation Service.



Harry Thacker

Harry Thacker
Director of Social Services

Residential Accommodation

CHILDREN'S HOMES

- 1 346 Aylestone Road, Leicester
- 2 4 Chalgrove Walk, Rowlands Hill, Leicester
- 3 Halifax Drive, Leicester (1972)
- 4 The Lodge, 3 Mill Hill Lane, Leicester
- 5 15 Nether Hall Road, Leicester
- 6 The Oaks, Mill Hill Lane, Leicester
- 7 Queens Park Way, Eyres Monsell, Leicester (1972)
- 8 140 Regent Road, Nursery, Leicester
- 9 2 Tatlow Road, Braunstone Frith, Leicester
- 10 400 Thurstaston Road, Leicester
- 11 136 Westcotes Drive, Leicester
- 12 'Woodlands' Observation and Assessment Centre, Wigston Lane, Leicester

Outside City Boundary

'The Beeches', Reception Home, 195 Hinckley Road, Leicester Forest East

19 Camden Road, Braunstone, Leicestershire

Countesthorpe Homes, Countesthorpe Residential Nursery

Desford Boys School, Markfield Lane, Desford, Leicestershire

40 Holmfield Avenue West, Leicester Forest East

84 Station Road, Wigston Magna, Leicestershire

Future Children's Homes

- 13 Rushey Mead
- 14 Scudamore Road

HANDICAPPED PERSONS

- 1 Douglas Bader Home, for Physically Handicapped Persons, Malabar Road, St. Matthew's, Leicester
- 2 Runcorn House for Mentally Handicapped Persons, Runcorn Road, Leicester
- 3 Langley House for Mentally Sub-normal Persons, Langley Avenue, Leicester

HOMES FOR ELDERLY PERSONS

- 1 Abbey House, Stokes Drive, Leicester
- 2 Bewcastle House, Bewcastle Grove, Mowmacre Hill, Leicester
- 3 Brookside Court, Cademan Close, Church Lane, Knighton, Leicester
- 4 Cooper House, Pasley Road, Eyres Monsell, Leicester
- 5 Curzon House, Malabar Road, St. Matthews, Leicester
- 6 Dale House, Armadale Drive, Nether Hall, Leicester
- 7 De Montfort House, 445 Narborough Road, Leicester
- 8 Elizabeth House, Perth Avenue, New Parks, Leicester
- 9 Evington (1972)
- 10 Goodwood House, Davenport Road, Goodwood, Leicester
- 11 Hillcrest Welfare Establishment & Hospital, Swain Street, Leicester

Outside City Boundary
Enderby Hall, Enderby, Leics.

Leicester Holiday Home, 26 Kivernell Road, Milford-on-Sea, Hants.

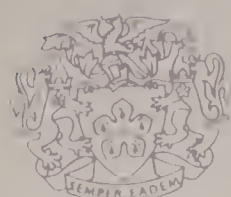
Future Homes for Elderly Persons

- 18 Charnwood Street
- 19 Morton Road
- 20 Rushey Mead
- 21 St. Andrew's
- 22 St. Mark's
- 23 St. Peter's

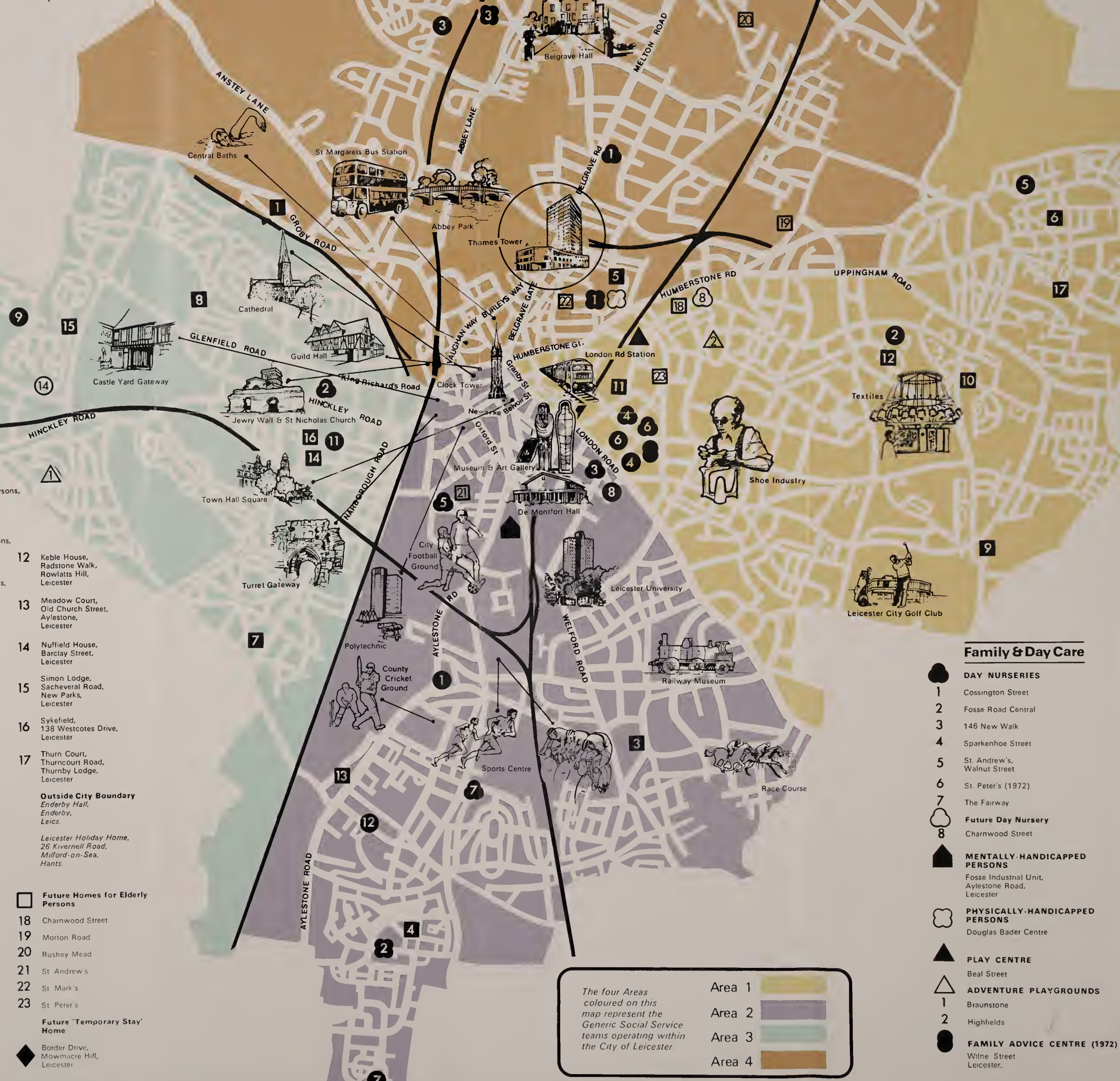
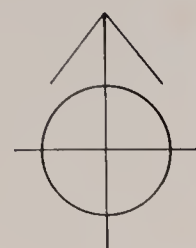
Future 'Temporary Stay' Home

- Border Drive, Mowmacre Hill, Leicester

The City of Leicester



and its Social Services



The four Areas coloured on this map represent the Generic Social Service teams operating within the City of Leicester.

- Area 1
- Area 2
- Area 3
- Area 4

Family & Day Care

DAY NURSERIES

- 1 Cossington Street
- 2 Fosse Road Central
- 3 146 New Walk
- 4 Sparkenhoe Street
- 5 St. Andrew's, Walnut Street
- 6 St. Peter's (1972)
- 7 The Fairway
- 8 Future Day Nursery, Charnwood Street

MENTALLY-HANDICAPPED PERSONS

- Fosse Industrial Unit, Aylestone Road, Leicester

PHYSICALLY-HANDICAPPED PERSONS

- Douglas Bader Centre

PLAY CENTRE

- Beal Street

ADVENTURE PLAYGROUNDS

- 1 Braunstone
- 2 Highfields

FAMILY ADVICE CENTRE (1972)

- Wilne Street, Leicester

Incidence of Tuberculosis in **Leicester School Children**, 1966-70

Year	1966	1967	1968	1969	1970
Pulmonary T B	10	12	13	17	12
Glands	1	1	3	3	3
Renal	.	1	.	.	.
Meninges	.	.	.	1	.
Skin	1	.	.	.	.
Bone	.	2*	2	.	1
Peritonitis	.	.	.	1	.

*One of these children had Pulmonary T B as well but is only counted once.

20 cases (15 cases in 1969) of pulmonary tuberculosis requiring close supervision were discovered – 15 males and 5 females. Of these, 16 were Asian immigrants.

570 examinees were referred by General Practitioners (678 in 1969). 1 case of pulmonary tuberculosis was found in this group.

It is interesting to note that:

13 cases of pulmonary tuberculosis were found in the organised groups and 4 in the public sessions.

2 active cases of pulmonary tuberculosis were found among the 123 skin +ve school children x-rayed.

12 cases of malignant neoplasm were found – 10 men and 2 women (15 cases in 1969)".

Leicester Area Mass Radiography Unit

Report on Surveys carried out in the City of Leicester, 1970

I am indebted to Dr. E. M. Quinn, Medical Director, for the following report:

"As in previous years the Unit divided its time between the City and the County districts.

The groups x-rayed consisted of the general public; organised groups; doctors' referrals; students; schools' staff; tuberculin skin positive school children; playgroup leaders; contacts and prisoners.

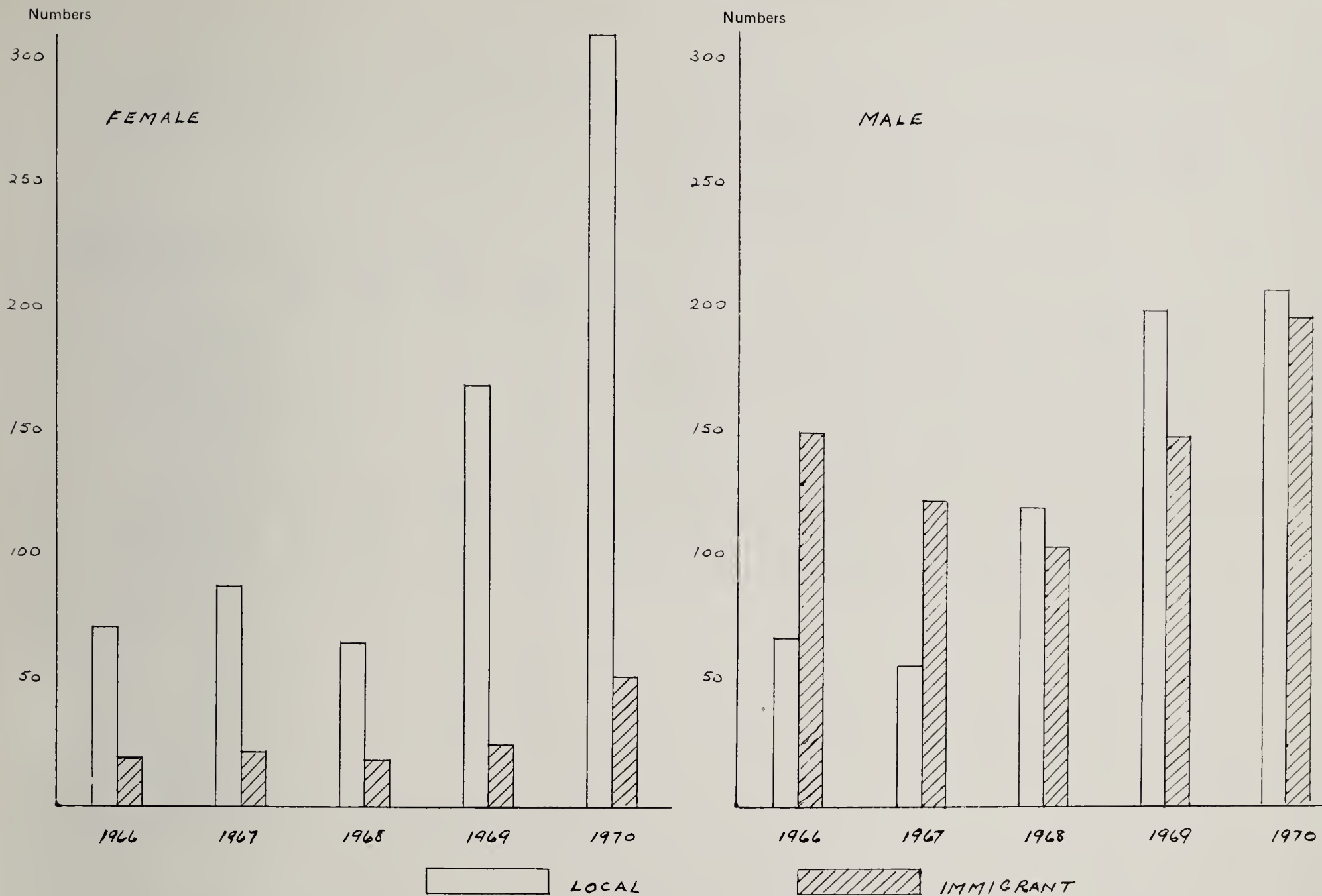
Visits were made to the British Shoe Corporation; Metal Box Co.; The Abbey Lane Industrial Area; Evington Valley Industrial Area; Messrs. Jones and Shipman; Messrs. Wolsey, Ltd.; Towers Hospital; Leicester University, and H.M. Prison.

24,458 persons were x-rayed during the year (24,332 in 1969).

Leicester City, 1970

Group	Initial X-ray			T B close super- vision		Rate per 1000	T B occasional super- vision		Bronchi- ectasis	Cardiac	Pneumo- coniosis		Malignant neoplasm		Non- malignant neoplasm		Sarcoid	Observ- ation				
	<i>m</i>	<i>f</i>	<i>Total</i>	<i>m</i>	<i>f</i>		<i>m</i>	<i>f</i>			<i>m</i>	<i>f</i>	<i>m</i>	<i>f</i>	<i>m</i>	<i>f</i>		<i>m</i>	<i>f</i>	<i>m</i>	<i>f</i>	
Public sessions	2431	2937	5368	3	1	0.74	1	.	6	1	6	4	1	.	3	1	.	.	2	1	.	.
Doctors' patients	317	253	570	1	.	1.8	1	2	4	1	7	4	1	.	3	1	.	.	.	.	.	.
Organised groups	10279	5535	15814	10	3	0.82	.	.	5	.	13	5	1	.	4	.	.	.	3	1	19	1
Students	823	762	1585	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.
Mental patients	370	366	736	.	.	.	.	.	1	.	.	1	.	.	.	.	.	.	.	.	.	.
Skin + ve	73	50	123	1	1	16.0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Outward Bound	21	6	27	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Contacts	25	.	25	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Prisons	210	.	210	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.
Total	14549	9909	24458	15	5	0.82	2	2	16	3	26	14	3	.	10	2	.	.	5	2	20	1

GONORRHOEA — NEW CASES CITY RESIDENTS



The Gonorrhoea Epidemic

Note:

1. Marked increase in local white girls.
2. The number of coloured girls infected is still relatively small.

3. Although the incidence amongst male immigrants, particularly West Indians, is high, it is important to note the marked increase occurring amongst white males.

Venereal Disease

I am indebted to the Physicians in charge of the Treatment Centre for the following table of cases.

Table 1

Venereal disease - new cases - City residents

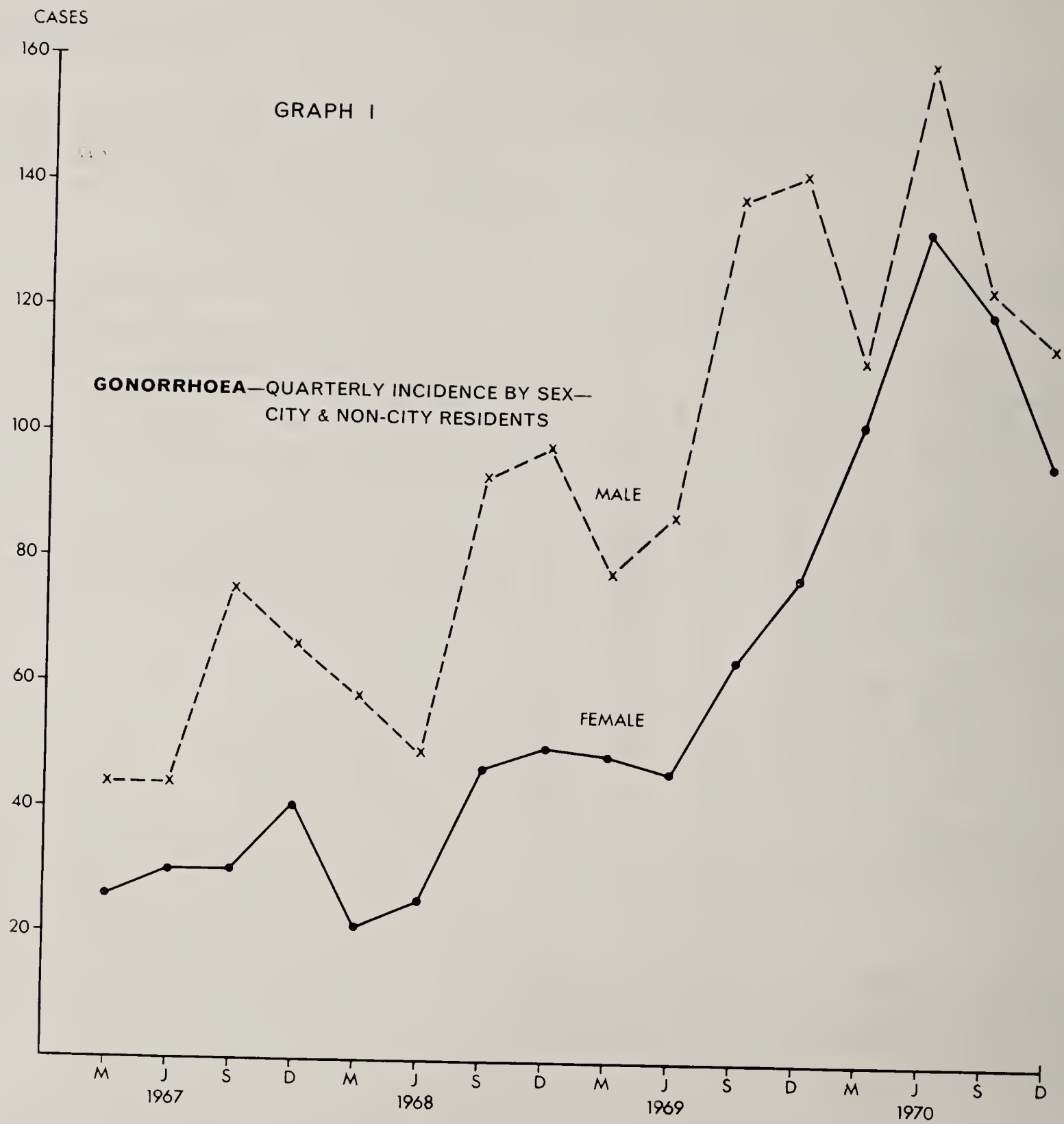
	1966	1967	1968	1969	1970
<i>Syphilis</i>					
Local males	6	13 {	7	16	8
Immigrant males	5		4	1	2
Local females	8	9 {	1	14	6
Immigrant females	3		1	2	2
Total males	11	13	11	17	10
Total females	11	9	2	16	8
<i>Gonorrhoea</i>					
Local males	69	57	121	201	210
Immigrant males	151	124	105	150	199
Local females	72	89	66	170	311
Immigrant females	20	21	19	25	52
Total males	220	181	226	351	409
Total females	92	110	85	195	363
<i>Other conditions</i>					
Males	529	532	593	677	774
Females	352	369	403	469	565
<i>Totals</i>					
Males	760	726	830	1045	1193
Females	455	488	490	680	936
Grand total	1215	1214	1320	1725	2129
<i>% total cases gonorrhoea under 20 years</i>					
	10 %	14 %	17.5 %	16.8 %	29.7 %

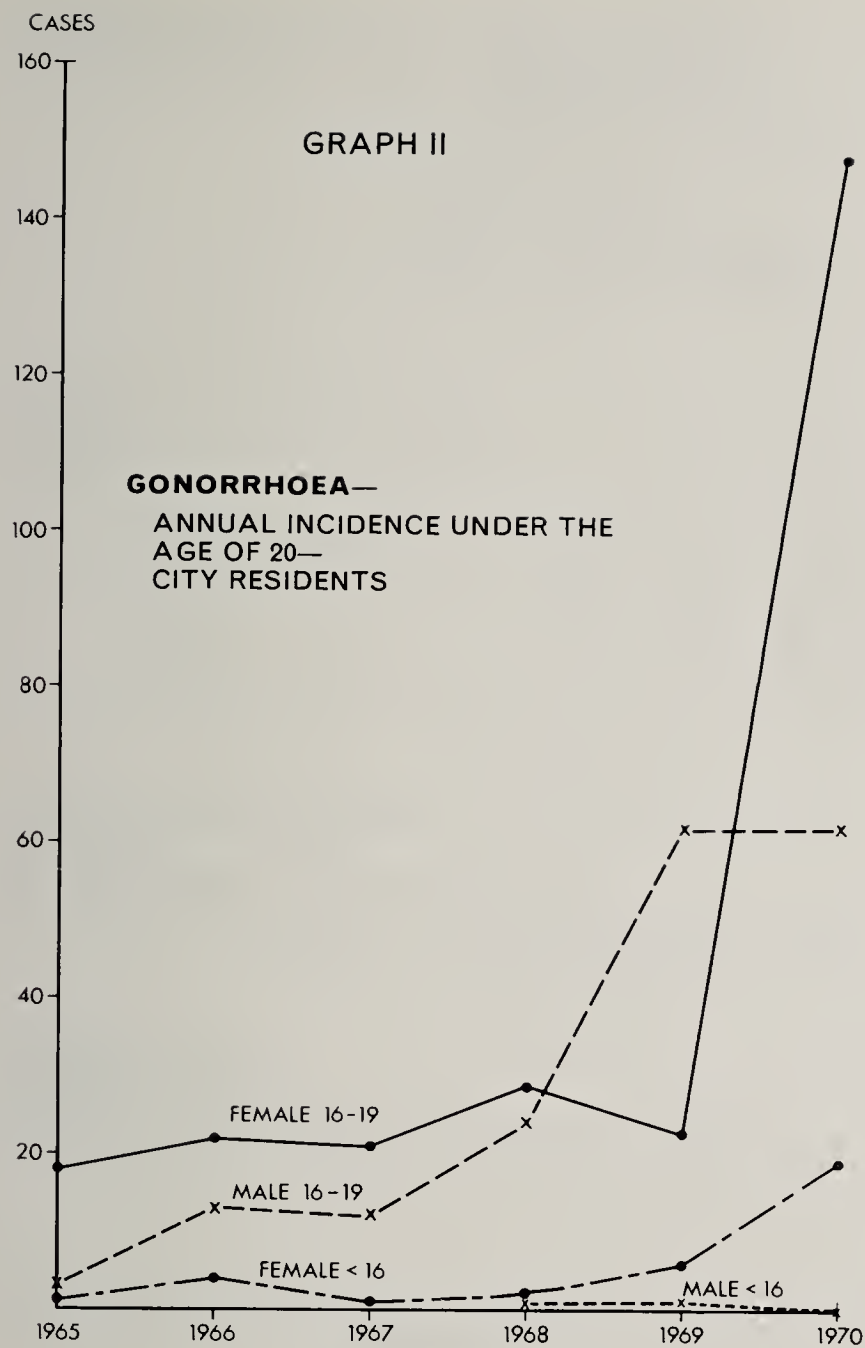
While the number of males increased from 351 to 409, females brought to treatment increased from 195 to 363, of whom 167 were under the age of 20. This was largely achieved in the six months when a very efficient Health Visitor was attached to the clinic.

There was one case of gonococcal ophthalmia.

The only hope of bringing the present epidemic under control is when there is a greater appreciation of the serious consequences likely to arise from infection with venereal disease. If 50 new cases of poliomyelitis arose in the city there would be a public outcry to demand that adequate facilities be provided for treatment and contact tracing. Unfortunately where venereal disease is concerned there appears to be a degree of apathy, indifference and indeed opposition to attempts being made to disseminate knowledge about the conditions and facilities for treatment.

The returns for 1970 show an increase of 30% in the number of cases of Gonorrhoea treated and the fact that the number of female patients equals males (minus homosexuals) treated.





Vaccination and Immunisation

Diphtheria immunisation (a) Primary immunisation

Table 1

		Year of immunisation and numbers immunised					
	Year of birth	1970	1969	1968	1967	1966	
	1970	36					
	1969	2907	156				
	1968	149	1959	1669			
	1967	37	134	2015	1769		
	1966	24	74	179	2097	1415	

Diphtheria (b) Reinforcing doses

Table 2

Year immunised	Year of Birth											Totals	
	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	under 5 years	5-9 years
1970	-	1	1845	185	- - - - -	3159	- - - - -					2031	3159
1969			796	1755	241	- - -	2594	- - - - -				2792	2594
1968				774	1757	271	- - - - -	2855	- - - - -			2802	2855
1967					816	1720	376	- - - - -	2552	- - - - -		2912	2552

Whooping cough vaccination

Table 3

Number of children receiving whooping cough vaccination in 1970

Completing course of primary vaccination	3143
Receiving booster dose	2192

Measles vaccination

Table 4

Number of children receiving primary measles vaccination in 1970 2427

Tetanus immunisation

Table 5

Number of children up to age 16 years receiving tetanus vaccination in 1970

Completing course of primary vaccination	4701
Receiving booster dose	5507

Poliomyelitis Vaccination

Table 6 Number of doses of oral vaccine

	0-4 years	5-9 years	10-15 years	Total
Third dose (i.e. Primary course completed)	3126	565	22	3713
Fourth dose (i.e. booster dose)	1804	3089	32	4925

Smallpox Vaccination

Table 7 Number of persons vaccinated against smallpox in 1970

	Under 1 year	1 yr. & under 2	2-4 years	5-14 years	Total
Primary vaccination	20	1563	130	192	1905
Re-vaccination	.	.	14	114	128

Infant vaccination against smallpox

Table 8

	Number of children vaccinated during the year at recommended age	Live births in same year	% of live births
1970	1583	4866	30.48
1969	1887	5118	36.87
1968	1875	5143	36.46
1967	1822	5267	34.59
1966	1559	5117	30.47
1965	1457	5018	29.03
1964	1038	5087	20.40
1963	324	4999	6.48
1962	1937	5087	38.08
1961	424	4671	9.08
1960	410	4546	9.02

Immunisation against Diphtheria, Whooping Cough (Pertussis), Tetanus, Poliomyelitis, Measles and Smallpox in 1970

Table 9

Immunisation Centre	Diph/Tet/Pert Primary Boost		Diph/Tet Primary Boost		Diphtheria Primary Boost		Tetanus Primary Boost		Poliomyelitis Primary Boost		Measles Primary	Rubella Primary	Smallpox Primary Booster	
General Practitioner	876	346	149	278	.	2	28	77	903	576	670	1	623	112
Local Authority Clinic	2263	1803	18	41	.	.	.	3	2288	1637	1698	.	1270	6
Infant School	4	43	1219	2907	10	56	144	9	522	2712	59	535	12	10
Junior School														
Others	.	.	.	.	.	.	.	.	.	.	.	.	.	.

Table 10 **Children born in 1968**

	Whooping cough (1)	Diphtheria (2)	Polio- myelitis (3)	Smallpox (Children under 2) (4)
England	79	81	79	35
Leicester	73	73	73	31

The figures in columns (1)–(3) show the percentages of children born during 1968 who have completed a primary course of vaccination at any time. Column (4) includes only children who were vaccinated during 1970 and were under two years old at that time, and is calculated as a percentage of children born during 1969. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

Tuberculosis . B C G vaccinations in 1970Table 11 **B C G vaccinations of 13 year old pupils**

Number of pupils tested	3245
Number of pupils who attended for reading	3046
Number of pupils found to be negative	2119=82.64 %
Number of pupils found to be positive	445=17.36 %
Number of pupils found to be positive, previously vaccinated	482
Number of pupils vaccinated	2089
Number of pupils found to be negative not vaccinated due to eczema or other conditions	30

Table 12 **B C G vaccinations of immigrant pupils of all ages**

Number of pupils tested	1100
Number of pupils who attended for reading	1034
Number of pupils found to be negative	384=66.90 %
Number of pupils found to be positive	190=33.10 %
Number of pupils found to be positive, previously vaccinated	460
Number of pupils vaccinated	382
Number of pupils found to be negative, not vaccinated	2

Table 13 **Post B C G vaccination skin tests**

Number of pupils retested (Pupils found to have no, or very small reaction on inspection following vaccination)	136
Number of pupils found to be positive	46=42.60 %
Number of pupils found to be negative	62=57.40 %
Absentees from reading	28
Number of pupils found to be negative, but not re-vaccinated	6
Number of pupils re-vaccinated	56

Public Health and Food Inspection Department

Report for the year 1970

G A Hiller, *FRSH, FAPHI*, Chief Public Health Inspector

The year under review has seen a satisfactory output of work due to the fact that there have been few staff changes. Programmes for slum clearance and inspection of multi-occupied houses have been maintained although domestic smoke control received something of a set back owing to the national shortage of certain types of fuel.

A landmark has been the declaration of the first general improvement area in Clarendon Park. There are some 14,000 houses in Leicester which lack a bathroom, hot water or internal water closet in areas comprising over 24,000 houses altogether. It is hoped that by the end of 1971 a programme will have been prepared for dealing with all these houses. Much will have been learned from the pilot scheme at Clarendon Park.

A second landmark is the decision to provide a permanent caravan site for travellers (itinerants) as required by the Caravan Sites Act 1968. This site together with those which the County Council intend to establish should do much to bring to a close the constant harrying of these people and to get the children housed so that they may receive regular schooling.

During 1970 the manual workers strike hit Leicester as indeed most other large towns and cities, but the advance preparations made by the City Engineer dealt with the situation very well and little real nuisance was caused. In the main, people co-operated well in the use of the emergency dumps which were set up.

In the re-organisation of local government which is at present under consideration, it is my earnest hope that the environmental health service as now operating will not be fragmented and parts removed to a more remote authority.

Over very many years public health inspectors have done so much to help people with all sorts of problems such as housing repairs and other difficulties, abatement of nuisances, working conditions in many places especially shops and offices, sale of unfit or adulterated food as well as food handled under unhygienic conditions.

A dramatic reduction in air pollution has been effected. All these services need to be so available that the citizen can get into contact with the officers of the authority without difficulty and it seems therefore that all these and similar responsibilities should remain with district councils and in the hands of the officers who are required by statute to hold a qualification to practise which involves a four year period of preparation in university or polytechnic and by practical working in a public health inspection department.

I should like to thank the Chairmen of the Health and Housing Committees for their support and to acknowledge the help and co-operation which I have received from other officers, especially the Housing Manager and the City Planning Officer. I am also grateful to Dr. Moss for his unfailing support ever since he became Medical Officer of Health for the City.

Finally I readily acknowledge the work done by my own staff during 1970. All have done their best to achieve the inspection targets which were approved by the Health Committee and to create interest in house improvement whenever an opportunity arose.

Work Load

As stated in last year's report programmes and targets have been set for all classes of inspections where this is possible. For many years there have been smoke control and slum clearance programmes. There are now yearly targets for all types of premises that need routine inspections. For instance for all non-food premises registered under the Offices, Shops & Railway Premises Act a yearly general inspection is aimed at. The target for food premises varies from twice to four times a year depending on the type of business and the food handled. For instance fruiterers and greengrocers are visited twice while cafes and restaurants receive a quarterly visit.

There are 6900 premises in the City which need to receive statutory inspections. The target figure for inspection for

these premises has been set at 11600 annually. Approximately 73% of this target has been achieved and in regard to these premises where there is a food hygiene risk the inspections are almost on target.

This year the staffing position has been better with only two public health inspectors short in the establishment. With these vacancies filled it should be possible to achieve these modest targets.

Unfit Houses—Clearance Areas

During the year 16 clearance areas were reported to the Council through the appropriate Committee. This involved 478 houses.

The Secretary of State for the Environment once again confirmed the standard of unfitness under the Housing Act 1957 as applied by the officers concerned, as in only two cases were houses classified as unfit reclassified as fit.

Repair and Maintenance

An appreciable amount of additional work is involved in the new provisions of the Housing Act 1969 which relate to repair and maintenance coupled with the provision of improved amenities (bath, wash-hand basin, sink, hot water supply and internal water closet). Where the house is the subject of a controlled tenancy the landlord can obtain a much better rent provided the house has been improved and repaired and brought up to a standard of fitness which is reasonable having regard to its age, character and locality. It is the responsibility of this Department to issue a qualifying certificate which allows the landlord to apply to the Rent Officer for a regulated rent instead of a controlled rent. The 'fair rent' which is obtainable should enable landlords in future to maintain their property in a much better condition than in the past. The tenant of course enjoys the benefit of a much improved house which has been brought up to a good standard of repair. The standard of fitness involves the state of repair, stability, freedom from damp, internal

arrangement, natural lighting, ventilation, water supply, drainage and sanitary conveniences and facilities for preparing and cooking food, as well as the disposal of waste water.

House Improvement

Although the Housing Act 1969 completely changes the approach of the 1964 Act from one of enforcement to persuasion and co-operation, the Department is still deeply involved in house improvement, being responsible for the selection of those parts of the city suitable for area improvement which involves detailed surveys and the ultimate responsibility for the completion of the whole of the works in General Improvement Areas, although of course this is the concern of the City Planning Officer and the Housing Manager, as well as the Chief Public Health Inspector.

It is most gratifying that the Council has resolved to promote its first General Improvement Area in the Clarendon Park district. This involves over 1700 houses of which well over half are lacking in one or more of the standard amenities, as well as being in need of repair.

Whilst area improvement will eventually be carried out according to a programme, every opportunity is being taken to point out to householders, particularly tenants, the increased comfort which comes from house improvement with the result that quite a number of tenants are now exercising their right under Section 19 of the Housing Act 1964 by which they can require the Council to serve Notice on their landlords to carry out necessary improvements on the understanding of course that they will have to pay an increased rent. An appreciable number of tenants took advantage of this provision during the year.

Multiple Occupation

Intensive work continues in an endeavour to keep control of multiple occupation. Much good work is being done in the provision of additional kitchen accommodation, baths

and showers, hot and cold water, sinks and cookers, as well as improved artificial lighting and means of escape in case of fire.

An appeal was heard in the County Court against a Notice requiring a fire escape and associated works. The landlord contended that he had done all he could to make his house fireproof and that the local authority should seek legislation to prevent the occurrence of fire rather than pursue a policy of asking for means of escape. The appeal was dismissed.

Difficulties have arisen from the quite laudable desire of immigrants to provide themselves with personal washing arrangements in the form of a shower. Unfortunately numerous cases have come to light where the disused coal shed has been cleaned out and shower apparatus fixed up in a very primitive and unsatisfactory way and with no proper means of disposal for the waste water. All these cases are referred to the City Engineers Building Inspection Department who are able to give advice and when necessary require a proper installation.

Housing Act 1969

<i>Applications for qualification certificates</i>	
Houses where improvements required	206
Certificates of provisional approval issued	206
Qualification certificates issued	5
Houses where amenities already provided	119
Qualification certificates issued	77

The sections of the Leicester Corporation Act 1968 which are aimed at preventing small unsuitable homes being used for multi-occupation and for making it a punishable offence to break an undertaking not to use rooms which would otherwise require fire escapes continue to work well.

Multiple occupation

<i>Statutory notices</i>	
Number of notices served	480
Number of properties involved	325
<i>The following improvements were made</i>	
Ventilated food stores	400
Improved ventilation	548
Hot/cold water supply	182
Bath/showers	182
Additional sinks	185
Artificial lighting points	61
Additional wash hand basins	182
Additional cookers	166
Additional space heaters	29
Fire escapes/smoke stop arrangements	188

In addition 59 Undertakings were accepted not to use parts of houses in multiple occupation for human habitation where adequate provision had not been made for means of escape in case of fire.

New House building in Leicester

	1970	1969	1968	1967	1966
By Housing Committee	287	202	555	491	484
By Private Builders	535	505	455	398	315
Totals	822	707	1010	889	799

Since 1946 the Council has built 18,356 houses and flats.

Property enquiries

6,015 enquiries were answered relating to the expectation of life and outstanding repair notices on dwelling houses which were changing ownership, offered to the Council for advance purchase, or subject of applications for improvement grants.

This is almost one thousand more than last year.

Common Lodging House

The one common lodging house in Leicester is privately owned and has met the need for such accommodation for many years. It is registered to give lodging to 88 men but has been deliberately under-occupied in recent years. Despite commendable efforts to improve and modernise the House it is still an outdated structure. Although the demand for this sort of accommodation is not great, it is clear that consideration will have to be given to this matter in the near future. The premises are inspected regularly and frequently.

Drainage, sanitation and water supply

During the year the number of houses lacking a separate internal water supply or a separate water closet was further reduced, viz:

18 houses without water supply

291 houses sharing water closets

These houses were in confirmed clearance areas.

In 228 cases renewal of sanitary appliances or drainage works were carried out in default of the owners. The total cost of these was £1,892.24.

City Drinking Water

A total of 154 samples of water for bacteriological examination were taken throughout the year; these samples were taken at a variety of supply points throughout the city and included school kitchens, cafes, food shops, slaughterhouses, day nurseries, offices, stand pipes and drinking fountains in the parks.

Fourteen samples were found to have a higher bacterial count than expected; 10 of these samples were taken from storage tanks supplying water to slaughterhouses and a poultry packing station; as a result the tanks were emptied, cleansed and sterilised before refilling. After further sampling, satisfactory samples were obtained in all cases.

Swimming Pools

During the year 144 samples of bath water were examined for chlorine content and bacterial count; these samples were taken from 7 Corporation indoor baths, 2 privately owned outdoor pools open to the public and 4 indoor and 1 outdoor school swimming baths.

In the case of school swimming baths and open air pools the water is tested at the bath side for chlorine content and acidity and if necessary a sample is taken to the Public Analyst for bacteriological examination. If the chlorine content, acidity, or both, are found to be unsatisfactory, advice is given at once by the public health inspector to enable immediate adjustments to be made. This advice was necessary on 18 occasions.

In all cases samples taken at the Corporation baths were found to be satisfactory.

Caravans—itinerrants

Itinerrants or travellers as they prefer to be called have had to be moved on many times during the year. This has been unavoidable as usually the land so occupied has been needed for redevelopment schemes.

The Council has now resolved to provide a site for fifteen families who will be given individual amenity blocks so that each occupier may be held responsible for care and daily maintenance.

This site together with those being set up by the County Council should meet the overall need in Leicester and Leicestershire.

Showmen's Guild Site

Over the past 13 years this site has been used as winter quarters by some 35 members. It has always been well conducted.

Offices, Shops & Railway Premises Act 1963

Registration and Inspection

During the year, with more staff available, it has been possible to increase the amount of work carried out under the Act. Over four hundred premises have been newly registered and a large proportion of these were discovered during routine inspections. The total number of registered premises increased to 3,810 and over three-quarters of these received at least one general inspection during the year. 737 contraventions of the Act were brought to the attention of 179 occupiers of premises as follows:

Cleanliness	55
Overcrowding	2
Temperature	123
Ventilation	13
Lighting	6
Sanitary Conveniences	139
Washing facilities	36
Supply of drinking water	1
Seats (sedentary workers)	2
Eating facilities	3
Floors, passages and stairs	56
Fencing exposed parts of machinery	7
Protection of young persons working at dangerous machinery	2
First aid general provisions and employees' booklets	292
<hr/>	
Total	737

Particular attention was given to the inspection of lifts and hoists and the availability of certificates. Observance of the Hoists and Lifts Regulations 1968 was generally found to be satisfactory and contraventions were all remedied within the period stated in the examiners' reports. Whenever premises are visited for the purpose of following up a report of an unsatisfactory lift or hoist, or to investigate a reported accident, the opportunity is taken to make a general inspection.

Accidents

128 accidents were reported during the year, none of which was fatal. Most of the accidents, as in previous years, were reported by the larger organisations and it is not

possible to determine how many accidents are not reported. One large multiple firm of footwear manufacturers operating the largest warehouse of its kind in Europe accounts for over 45% of the reported accidents. The reasons for this

Accidents	Class of premises	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Establishments and Canteens	Fuel Storage Depots	Total
Number of accidents reported		11	40	66	8	3	128
Number of accidents investigated		7	23	41	4	3	78
<i>Causation</i>							
a Machinery		1	1	1	.	.	3
b Transport		.	.	5	.	.	5
c Falls of persons		2	13	25	.	2	42
d Stepping on or striking against object or person		1	12	8	1	.	22
e Handling goods		1	9	13	3	1	27
f Struck by falling object		.	3	6	2	.	11
g Fires and explosions	
h Electricity	
i Use of hand tools		.	1	1	.	.	2
j Not otherwise specified		6	1	7	2	.	16
<i>Injuries sustained</i>							
a Fractures and dislocations		2	5	9	2	.	18
b Sprains and strains		2	15	30	1	1	49
c Internal injury	
d Open wounds/surface injury		4	9	5	3	.	21
e Bruising and crushing		2	9	21	1	2	35
f Burns		.	1	.	1	.	2
g Multiple injuries		.	1	.	.	.	1
h Amputations	
i Other injuries		1	.	1	.	.	2
<i>Action taken</i>							
a Prosecutions	
b Formal warnings	
c Informal advice		6	24	41	3	3	77
d None		5	16	25	5	.	51

are two-fold; firstly more than 13,000 employees are engaged in offices and warehouses where there is a very high degree of mechanisation and secondly the company are meticulous in reporting every accident.

Slicing Machines

During the year copies of the booklet "The Safe use of Slicing Machines" were distributed to all firms where food slicing processes are carried out. The provisions of the Act with regard to accidents are brought to the attention of occupiers in the course of inspections. The analysis of reported accidents is as on preceding page.

After six years administration of the Act in Leicester, it can be stated that working conditions in registered premises have improved steadily and can now be regarded as reasonably satisfactory.

In 1965 for each general inspection of registered premises there was an average of 1.82 contraventions of the Act; for 1970 the comparable figure is 0.24 contraventions in a year in which over 75% of the registered premises were visited, and inspected.

Outworkers

During 1970 outwork in 616 homes in the city was notified to the local authority as required by the Factories Act. Firms employing outworkers are required to send details to the local authority in February and August every year.

Clean Air

The progress of the smoke control programme was delayed by the late confirmation of Smoke Control Order No. 27. The Order was programmed to come into operation on 1st November 1970, but because of the uncertain supply situation with regard to solid smokeless fuels the Minister delayed the confirmation of the Order.

In consequence the operative date was put back until 1st July, 1971, a delay of eight months.

It is unfortunate that Leicester had to come into line with the country as a whole in this respect as the local solid fuel merchants maintained that the demand in Leicester could have been met and in any event there would have been no difficulty in practice of suspending smoke control orders had it been necessary. Emergency plans had been made in the Autumn but did not have to be used.

There is every indication of greatly increased supplies of solid smokeless fuels being available next winter, especially open fire fuels. With a new Rexco plant at Coalville coming into production next November with an ultimate output of three hundred thousand tons a year, there should be no more problems of scarcity of suitable solid fuels.

Further, an ever increasing number of householders are turning to piped fuels. All this means that the Smoke Control Areas programme would not be interrupted again.

One prosecution was found to be necessary for the violation of a smoke control order and the offender was fined £3.

Industrial Smoke

631 observations were carried out on industrial premises and 19 statutory notifications of smoke offences under the Dark Smoke (Permitted Periods) Regulations 1958 and the Clean Air Act 1968 were served. In addition 100 informal notifications were given.

One problem which has necessitated particular attention is smoke from industrial bonfires.

A scrap metal dealer decided to start an industrial waste disposal service and to dump trade refuse on a site very near to the city centre resulting in large and most offensive fires burning for days. The residue, much reduced in bulk, is then periodically removed to make room for fresh deposits and the same nuisance arises.

Bonfires on this site have been almost a daily occurrence and have resulted in very serious smoke emissions.

The particular firm was prosecuted for four offences under the Clean Air Act 1968 and fined a total of £80.

Unfortunately this mode of operation has obvious economic advantages compared with the alternative which involves long hauls of bulky refuse to outside the city. Consequently the firm has so far shown little inclination to discontinue the practice and it may be that much stronger action will have to be taken.

Strict application of the Act in respect of bonfires lit by a car breaker on an adjacent site has had a more satisfactory outcome and much greater care is now taken to prevent the burning of cars and tyres following two prosecutions when fines totalling £75 were imposed.

New Furnace Installations

Notification of 106 furnaces were received with applications for approval of chimneys.

Of these, 63 were in respect of oil fired plant, 35 were gas fired and 6 were coal fired, and there were two incinerators.

All applications were approved.

Many firms in the city are contributing to the cause of clean air by replacing outdated plant with up-to-date fully automatic equipment.

The photograph shows an old locomotive boiler which was used to burn wood chips produced in joinery operations.

The plant was used for steam raising, but it was inefficient and extremely difficult to operate within the requirements of the Dark Smoke (Permitted Periods) Regulations 1958.

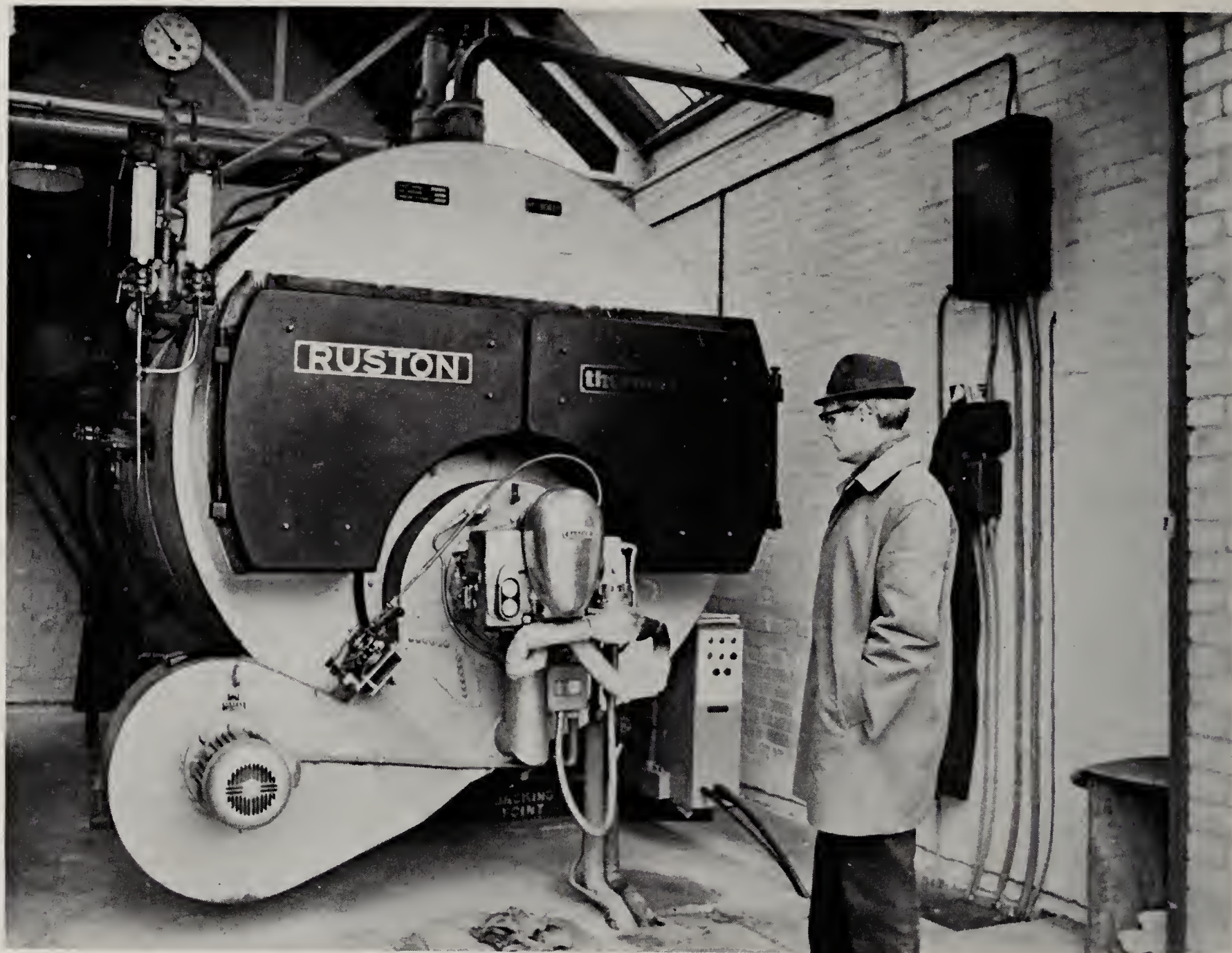
The firm eventually decided to install the boiler shown in the second photograph for steam production.

The boiler is fired by oil and operates with the minimum of attention without the emission of smoke.

A market has been found for the wood chips, the income from which supplements the savings derived from the greatly increased efficiency of the new boiler and demonstrates how the control of atmospheric pollution can be achieved with economic advantages.



Locomotive boiler adapted to burn waste from large scale joinery operations replaced by a modern oil fired package steam raising boiler. See page 98.



Grit and Dust

Four complaints of grit and dust were received. All were from foundry premises. Three of the complaints involved processes from two foundries and the fourth resulted from emissions of grit from the boiler chimney at another foundry.

It is notable that the emissions from the foundry processes arose in each case from human error rather than mechanical deficiency.

Two of the emissions occurred at the same foundry because a workman had failed to empty a grit arrester as often as instructed.

At another foundry regular cleaning of the roof of the building had been allowed to lapse and the complaint arose as the result of wind blown dust from that source.

After representations to the management, engineers from the National Coal Board were called in to advise on arrestment measures for the boiler plant involved in the fourth complaint. Certain modifications have been carried out and tests were continuing at the end of the year.

Fume Emission

Industrial fume emission has occupied much time during the year and extensive enquiries have been carried out into the causes and prevention of offensive emissions from the textile dyeing and finishing industry in the city.

These arise mostly from the finishing process of certain man-made fibre material called "stentering."

The dyed fabric is passed through a continuous oven where it is subjected to temperatures of up to 250°C. At these temperatures "carriers" (chemicals used to assist man made fibres to absorb dyes) and oils absorbed by the fabrics during the knitting process are driven off in the form of chemically complex vapour and discharged to atmosphere, usually at low level.

The emissions have caused residents nearby to complain of smell nuisance. The complaints are certainly justified.

Satisfactory methods of obviating the nuisance other than by discharging the fumes through high chimneys have yet to be developed. One firm, however, are shortly to install a pilot plant in which the fumes will be burned using a catalyst to effect complete combustion.

If this is successful other firms will be encouraged to install similar equipment, although it is recognised that at the moment the cost of such an installation can be high.

Noise

126 complaints of noise were received. These involved 94 separate premises and on investigation it was found that the complaints in respect of 19 industrial and 5 commercial premises were justified.

Two statutory notices were served under the Noise Abatement Act 1970 and the remainder of the complaints were dealt with informally.

Most of the serious nuisances arise out of the use of industrial machinery, the noise from which is acceptable during normal working hours but becomes totally unacceptable when continued into the night.

A typical example is that of a foundry which operates a night shift. The noise from moulding machinery in one shop gave rise to a serious nuisance and the Company concerned went to considerable lengths, including the bricking up of large window areas, in an effort to minimise the noise. In spite of this the night noise levels were still unacceptable and eventually the night shift was transferred to another part of the foundry away from residential property. This action completely abated the nuisance.

Unfortunately dust collection equipment which was installed to abate a concurrent dust nuisance now gave rise to a noise nuisance and so the firm are again faced with a complex problem to abate a new nuisance.

A day time noise which is giving rise to a nuisance is caused by a rubber reclamation plant.

A number of attempts to effectively silence this

equipment have been fruitless and the Company, while still pursuing the problem are also actively considering the replacement of the machinery with another process. This course of action would be a very costly one for them. In the meantime they have voluntarily restricted the use of the equipment to the hours of 8.0 a.m. – 6.0 p.m., although they would like to use it 24 hours per day.

This is an example of the responsible attitude adopted by many industrial firms when noise problems are brought to their attention.

It also emphasises the very urgent need for machinery manufacturers to have regard to the problem of noise in the design stage. It is rare indeed for a manufacturer to quote the silent qualities of their machinery as a selling point, probably because silence has to be bought and the customers do not yet appreciate the urgent need to meet this cost.

It is up to local authorities to make industry aware of the need and in fact to stimulate the demand for less noisy machinery.

The Department are now actively seeking to prevent noise nuisances by advising firms who propose to occupy new premises of the necessity to ensure that the structure of the premises is such as to minimise noise transmission.

On a number of occasions this year, public health inspectors have carried out measurements to assess noise levels in existing premises and to indicate whether the new premises are sufficiently well insulated to obviate nuisance. On each occasion the firms concerned have been advised that additional measures are necessary to insulate the building and they have expressed their appreciation for having a problem, which they would not otherwise have been aware of, brought to their notice.

The following analysis of noise complaints shows how widespread is the problem:

General industrial noises	33
Foundry processes	2
Commercial premises	23
Road drills	1
Heavy lorries (parking)	2
Building operations	1
Domestic (noisy neighbours)	25
Sewing machines (outworkers)	2
Barking dogs	4
Poultry	1

Food Hygiene (General) Regulations 1960

Premises covered by the Regulations	
Grocers and supermarkets	750
Licensed premises	310
Butchers shops	258
Fruiterers and greengrocers shops	126
Fishmongers and fried fish shops	106
Bakeries	19
Confectioners shops	308
Hotels, restaurants and cafes	445
Factory canteens, school meals preparation kitchens	704
Food warehouses and Factories	35
Mobile food shops	113
Total	3174

Food

Food Hygiene

Since the Food Hygiene (General) Regulations 1960 came into force the type of food handling establishments in the city have undergone steady and remarkable change. For instance, while the supermarkets and self-service shops have increased tremendously, a large number of general grocers, butchers, fruiterers and greengrocers have disappeared. This is due mainly to changes in trading methods

such as increased prepacking, less household deliveries, competition from firms operating supermarkets on a national basis, as well as the demolition of many small shops in slum clearance areas. At the same time the number of hotels, cafes and restaurants has increased almost twofold from about 250 in 1960 to 445 in 1970.

Eating habits have changed with many more people not going home for lunch and eating out in the evening. The growth rate is particularly remarkable in the Chinese and Indian restaurants and in the number of public houses which now have catering facilities. In addition there are some 704 factory canteens and school meals preparation kitchens which need inspection, and the specialist staff responsible for all this work were able to achieve over 80% of the target number of inspections.

There were many consultations with architects and owners on the construction of new premises and the alteration of others. One of the difficulties under the 1960 Regulations has been the provision of adequate space for the storage of refuse containers. This is very often overlooked by developers. Under the Food Hygiene (General) Regulations 1970 coming into force in March 1971, one of the new requirements will be that adequate space must be provided in the layout of food premises for the storage of food waste and food unfit to eat. This should go some way to overcome the difficulty of getting an adequate refuse storage area provided. Another requirement will be that all food handlers with the exception of those dealing with raw vegetables, intoxicating liquors and soft drinks will have to wear clean and washable over-clothing. The old Regulations required only that food handlers should keep their clothes clean and, for example, there was no power to require clean overalls and aprons in food shops.

Generally speaking the standard of food handling in the City is satisfactory, but regular visits are necessary to ensure that the Regulations are complied with. There is a number of establishments where there is always a high

standard and these do not require the same number of visits as those where conditions are less satisfactory. This is taken into account when fixing work loads and inspection targets.

Successful proceedings for twenty-five offences under the Food Hygiene (General) Regulations 1960 were taken against a Pakistani butcher. These offences all related to the general dirty condition of the premises and equipment together with the absence of a proper wash-hand basin. Fines totalling £100 were imposed.

Mobile Food Shops

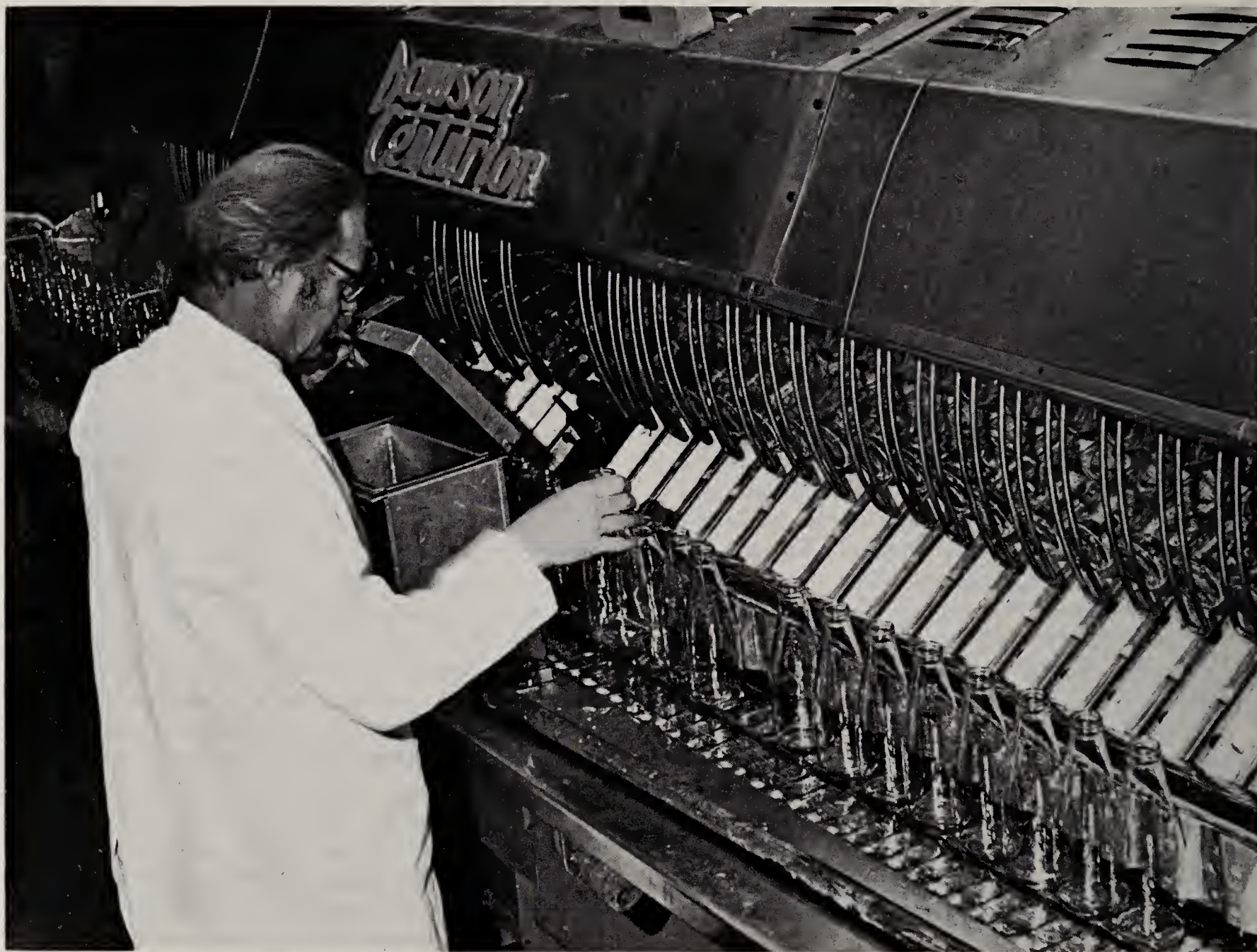
There are 113 mobile food shops registered under the Leicester Corporation Act 1968. These operate from premises in the city and the county and since the Act came into force in January 1969 the standard of hygiene of these vehicles has improved.

Although before the Act vehicles of this type had to comply with the Food Hygiene (Market, Stalls and Delivery Vehicles) Regulations 1966, they were not easy to contact as they trade mainly on housing estates usually in the evenings and at week-ends.

As the premises where these vehicles are kept are also registered, it is more convenient to make the inspections there rather than waste time and car mileage searching for them in the areas where the vehicles might be operating.

Consumer Protection

The trend toward self-service in food shops continues even in the smallest establishments. As stated last year, the open-displays in these shops enable more food to be inspected for fitness, correct labelling, accuracy of description and sampled if necessary. Consequently there can be added to the actual number of samples sent to the Public Analyst for examination a vast number of food items which have been visually examined in the course of food sampling duties.



Selecting milk bottles from washer at dairy for cleanliness tests

It has been noted that more perishable foods have now a "dead date" coding. This is normally a simple code easy enough for the shopkeeper and the public health inspector to interpret. Generally speaking the public cannot determine the code and there are sufficient reasons why this should be so. The economic loss of food would be higher than it is now if shoppers had the opportunity to sort out the latest code and reject perfectly fresh and edible food of an earlier code. However, it is most important that the retailer should know the code so that stocks of perishable goods can be properly rotated, as in self-service shops the consumer tends to disturb the displays and older products are likely to be pushed to the backs of the shelves.

The sampling of food is an integral part of the public health aspect of consumer protection along with inspection for fitness and hygiene of preparation, storage and sale. It should always be entrusted to officers who are fitted by training, qualification and experience to carry out such work.

Milk and Dairies

615 milk samples were taken during the year. These included bottled and cartoned pasteurised, sterilised and Channel Island milk as well as a smaller number of farm bottled milks.

Three informal samples contained small amounts of added water; these were all pasteurised milk supplied to schools in the city from a dairy in an adjacent urban district. Added water was also found in the follow up formal sample and a successful prosecution followed. At the same time several samples from milk supplied by the same dairy to schools failed the methylene blue test for keeping quality. These failures and the added water prosecution resulted in an intensive investigation at the dairy. Management changes followed, new plant was installed and for the remainder of the year samples were satisfactory.

Food and Drugs

A wide variety of foods and to a lesser extent drugs, were again sampled and submitted to the Public Analyst. Details of these samples appear in his Report. In all, 1,298 samples of foods and 172 samples of drugs were sent for examination.

95 foods and 15 drugs were reported as unsatisfactory, approximately 7% of the total number of samples, a figure which is higher than last year, thus justifying the increased number and variety of samples taken in recent years.

There were no legal proceedings in respect of unsatisfactory samples, but each case was fully investigated with the manufacturer, packer or retailer concerned. Satisfactory explanations were obtained and assurances accepted that future products would comply with the relevant legislation.

Complaints

The number of complaints by the public about unsatisfactory food purchases increased considerably during the year. As the price of food goes up people demand higher standards and if dissatisfied, bringing their complaints more often to the attention of local authorities.

237 complaints were received and the majority were found to be justified.

All complaints were thoroughly investigated and where necessary the retailers, wholesalers, manufacturers or importers contacted. The main objective in any investigation of a food complaint is to ensure that everything possible be done to prevent a recurrence. In two instances the complaints were sufficiently serious for legal proceedings to be taken. In each case there had been negligence on the part of the firm prosecuted. The particular complaints were of (a) a mouldy apricot pie and (b) a sausage containing a metal staple.

Dealing with complaints about food is a very important aspect of food control. The investigations that have to be

carried out at retail premises, wholesale warehouses and especially food factories require very considerable knowledge and experience of the food industry and methods of manufacture.

There have been considerable changes in the processing of food during recent years. Consequently complaints that have to be investigated can range from a piece of old dough baked in bread supplied by a small local bakery, to pieces of rubber from a small washer on a mixing machine in a can of luncheon meat packed under the most modern conditions in a highly mechanised factory. It is also necessary to have a thorough knowledge of the food industry when interviewing food production managers and quality control chemists regarding unsatisfactory products revealed through complaints or in the normal course of sampling.

Details of Food Complaints

Bread	44
Flour confectionery	15
Butter	6
Canned Fruits	6
Canned vegetables	6
Cheese	4
Fresh vegetables	4
Fresh fruit	2
Meat	10
Meat pies and pasties	20
Cooked meats	15
Sausages	9
Canned meats	7
Milk	17
Fish	12
Jam	6
Potato crisps	2
Other foods	52
Total	237

Preservatives in Food

A member of the public complained that cartons of oranges on display in the Retail Fruit Market carried labels

printed in French and German stating that the fruit had been treated with ortho-phenyl-phenol and that it was inadvisable to eat the peel. Concern was expressed that no similar warning printed in English appeared on the boxes.

Under the Preservatives in Food Regulations 1962 oranges are allowed in Britain to contain the preservative ortho-phenyl-phenol in a quantity not exceeding 70 parts per million and no labelling to the effect that the peel is unsuitable for human consumption is required.

Analysis of the oranges showed that the edible fruits contained no ortho-phenyl-phenol and that the peel contained amounts to the extent of 5 parts per million and calculated to the whole fruit this represented approximately only 1 part per million of preservative.

This incident illustrates the variation in the food laws of different countries. It also demonstrates that a member of the public was commendably aware of a seeming anomaly in the labelling of food for which he considered an explanation was needed.

Oranges and other citrus fruits are regularly sampled to see that the Regulations are observed (see photograph).

Slaughter of Poultry

There are three poultry slaughter houses in the city. The method employed at two is dislocation of the neck and at the other there is an approved electrical stunner.

The Slaughter of Poultry Act 1967 requires only the premises using the electrical stunning device to be registered.

The total annual kill is about 400,000 birds, the majority of which are hens and chickens sold fresh and uneviscerated. Less than 0.5% are rejected as unfit and are mostly hens condemned for emaciation and deformities.

Public health inspectors make daily visits when slaughtering is in progress and unfit carcasses are rejected by experienced staff.



Sampling oranges

The number of butchers' shops preparing poultry for the Muslim community remains at eight and the ritual method of slaughter used by these butchers is approved under the Slaughter of Poultry Act 1967. Control of these premises is extremely difficult as they are generally shop dwellings, consequently it is difficult to create entirely satisfactory conditions of hygiene.

Generally, however, the numbers that are slaughtered are very small and every endeavour is made to persuade the occupiers to obtain their poultry from a larger full time slaughterhouse where ritual killing is practised. Shops are required to keep a room for the exclusive purpose of slaughtering.

Regular visits are made and the problems which this type of establishment create have been kept largely under control.

Meat inspection

Slaughtering

There are four licensed slaughterhouses at the Cattle Market and one on the Thurmaston side of the City.

Slaughtering Hours

Slaughtering at the Cattle Market is limited to the periods 7.00 a.m. to 7.00 p.m. on Mondays to Fridays and 7.00 a.m. to 1.00 p.m. on Saturdays. At the other slaughterhouse killing is permitted up to 8.00 p.m. on one evening each week.

A 100% inspection was carried out on the 176,980 animals which were slaughtered and 57 tons of meat and offal were found to be unfit for human consumption.

Imported meat

During the year 298 sealed containers of meat from abroad were examined in accordance with the provisions of the Imported Food Regulations 1968. The total weight of imported meat and offal found to be unfit for human consumption was 4 tons.

Schools – Contract Meat Supplies

During the year 71 visits were made to schools and colleges within the city in connection with meat supplied to canteens. Apart from one minor discrepancy the meat supplied was in accordance with the conditions of the contracts.

Bovine Tuberculosis

In contrast to 1969 when 41 beasts were found to be infected with bovine tuberculosis there were only 3 such cases during the year under review. Close liaison exists with the Veterinary Inspectors of the Ministry of Agriculture, Fisheries and Food when this disease is discovered and in all other matters which are of mutual concern.

Laboratory Investigations

Laboratory facilities are available for the examination of specimens for diagnostic purposes and in the course of the year 40 such specimens were referred for investigation. Thanks are due to Dr. N. S. Mair of the Public Health Laboratory, to Mr. E. R. Pike, the City Analyst and to the staff of the Ministry of Agriculture, Fisheries and Food Veterinary Investigation Laboratory.

The livers of 18 pigs slaughtered for emergency reasons were analysed to determine the arsenic content. Certain approved arsenic compounds may be administered to pigs as growth – promoting additives or for specific medicinal purposes, but this treatment should be discontinued for a period of not less than 10 days before slaughter to ensure that any residual arsenic which may be present in the animals is within the limits permitted by the Arsenic in Food Regulation, 1959. In cases of sudden illness or accident to pigs it may not be possible to observe this recommended withdrawal period. Consequently, there is the risk that residual arsenic may be present in excess of the permitted period limit, i.e. one part per million. Of the 18 samples of liver analysed 12 contained no arsenic, 4 con-

tained 0.3 parts per million and 2 contained arsenic up to 2 parts per million and were rejected as being unfit for human consumption.

Health Education

There has been a continued expansion in the Public Health Inspectors' contribution to health education in the city during the year. The number of lectures and the total students attending once again increased significantly.

The fall-off in the number of talks to catering personnel on the employers' premises was disappointing. However, those which were given were of particular value. They included a series of monthly talks to young trainees in one of the city's industrial kitchens. The Course Syllabus was approved by the Hotel and Catering Industry Training Board and a charge was made by the Department. It is intended that this monthly hygiene course shall continue throughout the trainees' four year apprenticeship.

It is gratifying to note the continued interest in the examination course in the hygiene of food retailing and catering. This course is held at the Southfields College of Further Education and the lecturers are public health inspectors from this Department. All eleven students who took the examination in June 1970 were successful. It would appear that the Royal Society of Health Certificate in hygiene is increasingly being regarded as a valuable supplementary qualification in all branches of the food industry.

I am happy to report a further increase in the demand for talks to school children. It is particularly pleasing to note that some of these talks have comprised an important part of the students' G.C.E. or C.S.E. work in relation to environmental health.

There is an increasing liaison with local Further Education establishments. Talks to these students on "General Environmental Health" and on subjects related to the safety and quality of foodstuffs are in steady demand.

Other activities during the year have included lectures to

student nurses and health visitors, to police constables and to a number of professional bodies and leisure time organisations.

In November the Chief Public Health Inspector was one of the panel of speakers in a two day Conference on Pollution Prevention organised by PERA (Production Engineering Research Association) at Melton Mowbray. Just over 100 persons attended from all over Great Britain as well as some from the Continent. The Chairman was Dr. C. J. Jackson O.B.E., Chairman of the Confederation of British Industry Water and Effluent Panel.

Pest control

An important aspect of environmental health control is dealing with rodent and insect pests in domestic and business premises.

Four operators responsible to the Pest Control Officer are employed and during the year 2,394 complaints of rats and mice were dealt with. In addition to complaints, routine visits were made to all agricultural holdings, water courses and allotments and treatment carried out. Private dwelling houses receive a free treatment for rats, but a charge is made for the control of mice except for old people and in cases of hardship. Economic charges are made for the treatment of business premises.

During the year, in co-operation with the Ministry of Agriculture, Fisheries and Food, the National Farmers' Union and other local authorities in Leicestershire, a rodent control campaign on a county basis was inaugurated on 23rd November. This was aimed particularly at farmers and allotment holders, but the opportunity was taken in the City to bring the rat menace to the attention of everyone. For this purpose a window in the Information Bureau in the Main Library, Bishop Street, was used to present a display which simply and graphically demonstrated how rats damage food, houses and buildings and how they can spread disease.

Insect control

694 complaints were dealt with during the year and a charge was made for all treatments with the exception of houses occupied by old people and cases where hardship was involved. Many of these complaints were of wasps' nests in gardens and roofs of houses.

An infestation of Australian Spider Beetle (*Ptinus Tectus*) in the kitchen of a school canteen caused particular difficulty. Control by surface spraying with a pybuthrin based insecticide was not effective, consequently during the summer holiday the roof lining was removed and it was found that the roof space was filled with old birds' nests which had provided ideal breeding conditions for the beetles. They had commenced to bore into the roof timbers and it was obvious that the infestation was long-standing. The whole roof area was cleaned down and thoroughly sprayed with insecticide. Even after this a few beetles emerged, but after further surface treatment the infestation appears to be under control. This experience confirms the evidence that infestations of this particular insect pest, when left untreated, are very difficult to eradicate.

Control of feral pigeons

Control of this bird nuisance continued during the year using the method approved by the Ministry of Agriculture, Fisheries and Food of narcotizing the birds with corn to which alpha-chloralose has been added and then painlessly destroying the doped birds by gassing with the fumes of carbon-tetrachloride. This treatment is carried out early on Sunday mornings from April to September and during 1970 a total of 857 pigeons were destroyed on 14 separate occasions. There was a little general public reaction, but the efforts of one or two persons who frequently endeavour to disperse the pigeons while they are feeding on the narcotised corn make the task of control even more difficult.

Legal Proceedings				Fine
Statutes under which proceedings instituted				£
Food and Drugs Act 1955, Section 2				
			Mouldy fruit pie	25.0
"	"	"	"	
			Staple in pork sausage	30.0
"	"	"	"	
			Watered milk	20.0
Food Hygiene (Gen.) Regs. 1960				
		25 contraventions—	General conditions of premises	100.0
Clean Air Act 1968				
			Smoke emittance from industrial bonfire	25.0
"	"		"	50.0
"	"		"	20.0
"	"		"	20.0
"	"		"	20.0
"	"		"	20.0
Clean Air Act 1956				
			Burning coal in Smoke Control Area	3.0

Lectures 1970

Students	No. of Lectures	Total students attending
Lectures on employers' premises		
Catering personnel	30	247
Other food personnel	2	65
Others	13	157
Lectures & Demonstrations to students undertaking further education		
Butchery personnel	15	145
Students attending Food Hygiene Certificate Course	26	290
Students other than food handlers	21	540
Professional trainees		
Student nurses	13	149
Student district nurses	1	115
Student health visitors	4	120
Others	13	245
Lectures & Demonstrations to School Pupils		
	58	1175
Professional meetings and other outside organisations		
	51	878
Total	247	4126

General Sanitary Circumstances**Complaints received and recorded**

Housing defects	1241
Choked and defective drains	418
Defective water supply	16
Flood water in houses	41
Overcrowding	40
Caravans	11
Keeping of animals	17
Accumulation of offensive matter	251
Factory conditions	3
Smoke nuisances	97
Grit nuisances	4
Fumes and steam	24
Noise nuisances	126
Offensive odours	153
Food hygiene regulations	36
Insect pests and wasps	694
Rats and mice	2394
Feral pigeons	31
Miscellaneous	186
Total	5783

Housing: Clearance areas reported to the Council through the Housing Committee

Area No.	Name	C O or C P O	No. of Houses	Other buildings
389	St. James Terrace	C P O	19	.
390	Newington Street	C P O	80	.
391	Lexham Street	C P O	1	.
392	Laundry Lane	C P O	68	.
393	St. Bernards Street	C P O	2	.
394	Bath Street	C P O	1	.
395	Malt Office Lane	C P O	15	.
396	The Green	C P O	1	.
397	Duchess Street	C P O	45	.
398	Justice Street	C P O	208	.
399	Evans Street	C P O	2	.
400	Checketts No. 2	C P O	1	.
401	Checketts No. 3	C P O	12	.
402	Clarke Street	C P O	15	.
403	Brougham Street	C O	5	.
404	Erskine Street	C O	3	.
Totals			478	Nil

Slum clearance

	Representations		No. of houses	
	C O	C P O	in orders	Confirmed
1953	.	1	270	270
1954	.	5	670	664
1955	.	6	155	123
1956	14	7	577	282
1957	23	11	1076	534
1958	27	24	769	645
1959	2	11	1104	716
1960	4	19	519	1118
1961	3	4	576	344
1962	.	6	240	801
1963	1	3	456	247
1964	1	32	801	54
1965	1	9	954	1061
1966	10	5	452	676
1967	3	5	239	579
1968	5	22	518	277
1969	4	6	274	731
1970	2	14	478	365
Totals	100	190	10128	9487

2 individual houses have been represented for demolition.

1 house was represented under Section 17 of the Housing Act 1957 and a Closing Order was made.

Unfit houses dealt with individually

Individual unfit houses 1953-1970

Act under which action taken	Houses represented to Health Committee	Houses on which Order made	Statutory U/T not to re-let	Houses vacated	Awaiting removal
<i>Housing Act 1957, Sect. 17 – demolition orders</i>	394	369	25	391	3
<i>Housing Act 1957, Sect. 17 – closing orders</i>	81	81	.	80	1
<i>Housing Financial Provisions Act, 1958</i>	102	102	.	102	.
<i>Voluntary undertakings</i>	.	.	24	24	.
<i>Housing Act 1957 – closure of rooms</i>	8	8	.	.	.

Housing Act 1964

Compulsory Improvement of Dwellings to provide Standard Amenities

1 Area Improvement

Areas declared	Nil
Containing: total dwellings	.
Improvable dwellings (owner/occupier and tenanted)	.
Tenanted improvable dwellings	.
Preliminary Notices served proposing improvement to:	
Full standard	18
Reduced	Nil
Undertakings given	Nil
Improvement notices served:	
Immediate	2
Suspended	Nil
Final	19
Improvement works completed	17

2 Improvement of dwellings outside Improvement Areas

Undertakings given	8
Improvement notices served	80
Improvement works completed	27

3 Purchase of houses

2

Synopsis of inspection work	Inspections
<i>Housing :</i>	
Defects under Public Health Acts	2183
Under Housing Acts: Inspections	3812
Overcrowding	39
Land charge visits	1156
Houses in multiple occupation	2228
Rent Act 1957: Certificate of disrepair	16
Drainage: Tests and inspections	2764
Infectious disease: Enquiries and disinfection	306
Infestation control: Rodent, insect and pigeon control	1114
Complaints (Nuisances): Ditches and watercourses	24
Flooding	271
Keeping of animals	143
Offensive accumulations	1014
Offensive odours	337
Refuse tips	110
Factories	120
Offices, Shops and Railway Premises Act, 1963	3073
Atmospheric Pollution and Noise:	
Furnaces, boilerhouses and chimneys	838
Smoke, fumes, dust and grit	883
Smoke control areas	4653
Noise	577
Food Hygiene:	
Shops: Meat, fish, fruiterers and greengrocers, confectioners	2180
Bakehouses	68
Fish frying premises	121
Food manufacturing premises	39
Food vendors' vehicles	268
Food warehouses	104
Ice cream premises	151
	c/f 28592

	b/f 28592
Poultry processing premises	60
Hotel and restaurant kitchens	1077
Public houses and clubs	275
Factory canteens	1265
Markets: Retail	606
Wholesale	1045
Dairies	279
Food vending machines	35
Merchandise Marks Act	433
Sampling Visits: food, drugs, water, fertilisers and feeding stuffs, rag flock, swimming baths	2305
Food Inspection Complaints	344
Unfit food	1171
Other Registered and Licensed Premises:	
Animal Establishments	130
Knackers' yards	6
Offensive Trades	8
Common Lodging House	16
Pharmacy and Poisons Act, 1933	25
Hairdressers' premises	246
Van dwellings	170
Meetings with Owners and Tradesmen	2738
Health Education: Lectures etc.	247
Other Visits	323
	Total 41396
	Re-inspections 23370
	Grand total 64766
Notices served	Informal 1933
	Formal 1017
Complied with	Informal 1399
	Formal 939
	115

Housing Statistics for year ended 31st December, 1970

(i) Unfit dwelling houses – inspection	
1 a Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	3410
b Number of inspections made for the purpose	5385
2 a Number of dwelling houses (included under sub-head 1 above which were inspected and recorded under Housing Consolidated Regulations, 1925 and 1932	771
b Number of inspections made for the purpose	2056
3 Number of dwelling houses found to be in a state so dangerous to health as to be unfit for human habitation	535
4 Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	1537
(ii) Remedy of defects without service of Formal Notices Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or its officers	831
(iii) Action under Statutory Powers	
A Proceedings under Sections 9, 10 and 16 of the Housing Act 1957	.
1 Number of dwelling houses in respect of which notices were served requiring repairs	.
2 Number of dwelling houses which were rendered fit after service of formal notices:	
a By owners	.
b By local authority in default of owners	.

B Proceedings under Public Health Acts	
1 Number of dwelling houses in respect of which notices were served requiring defects to be remedied	428
2 Number of dwelling houses in which defects were remedied after service of formal notices:	
a By owners	280
b By local authority in default of owners	107
C Proceedings under Section 17 of the Housing Act 1957:	
1 Number of dwelling houses in respect of which Demolition Orders were made	12
2 Number of dwelling houses demolished in pursuance of Demolition Orders	.
3 Number of houses dealt with under Housing Financial Provisions Act 1958	.
D Proceedings under Section 18 of the Housing Act 1957:	
1 Number of separate tenements or underground rooms in respect of which Closing Orders were made	.
2 Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	.
Number of houses in respect of which Closing Orders were made under Section 17 of the Housing Act 1957	1
Number of houses dealt with under Sections 12 to 16 of the Housing Act 1961 (Houses in Multiple Occupation)	325

Improvement Grants

	Standard grants			Discretionary grants		
	During year 1970	During year 1969	Since commencement of scheme	During year 1970	During year 1969	Since commencement of scheme
Applications received	885	825	7696	387	60	2717
Approved by Housing Committee	648	637	6212	286	40	1976
	£	£	£	£	£	£
Amount of grants paid on applications approved	41566	69185	435531	28795	8223	265982
Amount to be paid by Council	10391	17271	108857	7198	2055	66254

(From Annual Report of Housing Manager)

Rent Act 1957 Applications for Certificates of Disrepair**Part I – Applications for Certificates of Disrepair**

1 Number of applications for certificates	11
2 Number of decisions not to issue certificates	1
3 Number of decisions to issue certificates	
a in respect of some but not all defects	4
b in respect of all defects	6
4 Number of undertakings given by landlords under paragraph 5 of the First Schedule	4
5 Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil
6 Number of certificates issued	6

Part II – Applications for cancellation of Certificates

7 Applications by landlords to Local Authority for cancellation of certificates	3
8 Objections by tenants to cancellation of certificates	Nil
9 Decisions by Local Authority to cancel in spite of tenants' objection	Nil
10 Certificates cancelled by Local Authority	3

Offices, Shops and Railway Premises Act 1963**Registration of general inspections**

Class of premises	Number of premises registered during year	Total number of registered premises at end of year	Number of reg. premises receiving a general inspection during year
Offices	131	1348	646
Retail Shops	213	1773	1750
Wholesale shops, warehouses	48	272	158
Catering establishments open to the public, canteens	57	414	414
Fuel storage depots	.	3	3
Totals	449	3810	2971

Number of visits of all kinds by inspectors to registered premises 4449

Analysis of persons employed in registered premises by workplace

Class of workplace	Number of persons employed
Offices	12677
Retail shops	10170
Wholesale departments, warehouses	2914
Catering establishments open to the public	2100
Canteens	22
Fuel storage depots	11
Totals	27894
Total males	14327
Total females	13567

Outwork (Sections 110 and 111)**Total number of outworkers in August 1970**

Wearing apparel, making etc.	421
Boot and shoe manufacture	169
Leather goods	1
Printers	7
Elastic Manufacturers	18
Total	616

Observations on the administration of the Factories Act, 1961 Part 1 of the Act

Inspections for the purpose of provisions as to health (inspections made by Public Health Inspectors)

Premises	Number on Register	Inspections and re-inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the local authority	25	20	.	.
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	2040	115	Nil	.
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out-workers premises)	.	.	.	.
Total	2065	135	.	.

Factories – Cases in which defects were found

Particulars	Found	Remedied	Referred to H.M. Inspector	Number of cases in which prosecutions were instituted
Want of cleanliness (Sect. 1)	.	.	.	.
Overcrowding (Sect. 2)	.	.	.	.
Unreasonable temperature (Sect. 3)	.	.	.	.
Inadequate ventilation (Sect. 4)	1	1	.	.
Ineffective drainage of floors (Sect. 6)	.	.	.	.
Sanitary conveniences (Sect. 7) a insufficient	.	.	.	.
b unsuitable or defective	2	2	.	.
c unsatisfactory labelling of accommodation (not including offences – out work)	.	.	.	.
Total	3	3	.	.

Smoke Control Orders in force

Area No.	Area Name	Operative Date	Council Houses	Private dwellings	Other buildings
1	St. Matthews	1 Sept. 1958	735	1	3
2	Central	1 Sept. 1958	.	45	504
3	Lee Street	1 Sept. 1960	34	93	346
4	Church Gate	1 Oct. 1961	.	98	321
5	Aerodrome		438	6	29
6	Lutterworth Road		1821	1032	61
7	Dane Hills	1 Oct. 1962	467	1443	32
8	New Parks	1 Oct. 1963	3570	118	19
9	Highcross Street		.	47	167
10	Braunstone West	1 Oct. 1964	2100	8	8
11	Granby		.	132	753
12	Willow Street		737	2	17
13	Tudor Road	1 Dec. 1964	.	1057	44
14	Braunstone Park	1 Dec. 1965	1150	6	5
15	Fosse	1 Dec. 1965	.	4513	89
16	Narborough Road	1 July 1967	1590	3430	68
17	Aylestone	1 Nov. 1967	100	3600	98
18	Beaumont Leys	1 Nov. 1967	2000	2875	121
19	Saffron 1	1 Nov. 1968	1448	5	10
20	West Knighton	1 Nov. 1968	5	1404	17
21	Aylestone Road	1 Nov. 1968	55	1165	115
22	Victoria Park	1 Nov. 1968	75	382	146
23	Abbey Park	1 Nov. 1968	40	956	297
24	Corporation Road	1 Nov. 1968	10	1667	121
25	Knighton	1 Nov. 1969	.	6061	23
26	Saffron 2	1 Nov. 1969	930	.	10
27	Belgrave and Rushey Fields	April 1971	687	7350	434
Totals			17992	37496	3858

Smoke Control Orders (awaiting confirmation)

Area No.	Area Name	Operative Date	Council Houses	Private dwellings	Other buildings
28	Stoneygate	1 Nov. 1971	60	3351	101
29	Mayflower	1 Nov. 1971	550	1580	33

Smoke Control Orders (proposed)

Area No.	Area Name	Operative Date	Council Houses	Private dwellings	Other buildings
30	Crown Hills	1 Nov. 1972	843	6323	not yet determined
31	Spinney Hill	1 Nov. 1973	31	4628	"
32	Netherhall	1 Nov. 1973	1541	598	"
33	West End	1 Nov. 1973	.	134	"
34	Spencefield Lane	1 Nov. 1974	961	2593	"
35	West Humberstone	1 Nov. 1974	579	1423	"
36	Thurncourt Road	1 Nov. 1975	1749	106	"
37	Thurmaston Lane	1 Nov. 1975	.	1203	"
Totals			5704	17008	

Food and Drugs Act, 1955

Milk Sampling for chemical quality

Pasteurised Milk	466
Pasteurised Channel Island Milk	19
Sterilised Milk	103
Untreated (farm bottled) Milk	7
Ultra Heat Treated	20

Total	615
-------	-----

Number of samples containing added water	3
Number of samples deficient in solids not fat	1

Milk (Special Designation) Regulations, 1963-1965

Pasteurised Milk (bottles and cartons)	378
Pasteurised Channel Island Milk (bottles)	19
Pasteurised Milk ($\frac{1}{2}$ pints from school supplies)	88
Sterilised Milk (bottles)	103
Untreated (farm bottled) Milk	7
Ultra Heat Treated	20

Total	615
-------	-----

Methylene blue test failures (keeping quality)	14
Phosphatase Test Failures (Efficiency of Pasteurisation)	3

Bacteriological Examinations of milk bottles and churns

Rinses from churns and bottles were taken at regular intervals in order to assess the efficiency of the washing plant at the dairies.

Number of bottle rinses taken	234
Number unsatisfactory	38
Number of churn rinses taken	172
Number unsatisfactory	35

An unsatisfactory bottle has a count of more than 600 colonies and an unsatisfactory churn more than 250,000 colonies.

Examination of milk supplies for antibiotics

Number of samples taken	156
Number unsatisfactory	1

Food and Drugs Act, 1955

Sampling of food and drugs other than milk

The following is a summary of samples submitted to the Public Analyst. Full details appear in the City Analyst's section of this Report.

Food samples – Formal	13
Food samples – Informal	1285
Number unsatisfactory	95

Drug samples – Formal	2
Drug samples – Informal	170
Number unsatisfactory	15

Total food and drug samples	1470
Total number unsatisfactory	106

Ice Cream Sampling

Bacteriological Examination

99 samples were submitted for bacteriological examination during 1970 of which 11 were unsatisfactory.

The unsatisfactory samples were followed up, advice given and satisfactory samples obtained.

Chemical Examination

Number of samples 30

All these were reported as conforming to the Food Standards (Ice Cream) Regulations 1959.

Bacteriological Examination of Shellfish

Number of samples 42

A number of samples were found to have a higher bacterial count than normal. The Ministry of Agriculture, Fisheries and Food were informed of the results and carried out investigations at the mussel beds concerned on the East Coast. Further samples are now proving to be satisfactory.

Other Sampling

Fertilisers and Feeding Stuffs Act, 1926

Number of samples taken:

Fertiliser 46

Number unsatisfactory 14

Number of feeding stuff samples taken 13

Number unsatisfactory 2

Total number of samples 59

Unsatisfactory 16

Full details appear in the City Analyst's section of this Report.

Food Hygiene (General) Regulations, 1960

Deficiencies found:

Insufficient or unsatisfactory sanitary accommodation 124

Absence of notices re hand washing 41

Insufficient provision of sinks, washbasins and hot water 163

Absence of clean towels 50

Insufficient accommodation for outdoor clothing 6

Absence of protective clothing 3

Absence of first aid equipment 88

Dirty food rooms 188

Dirty equipment 133

Non-absorbent working surfaces 47

Defective surfaces to floor, walls, etc. 313

Removal of refuse 73

Unsatisfactory lighting and ventilation 17

Contamination—food 82

Absence of food handling equipment 4

Miscellaneous 195

Total 1527

Summary of foodstuffs condemned 1970

	Tons	cwt	qr	lb
Fish (excluding shellfish)	3	11	2	21
Crabs	.	.	1	2
Other shellfish	3	11	3	3
Fruit	39	16	3	5
Vegetables	49	13	3	6
Poultry	.	19	3	11
Meat English	20	15	1	1
Imported	3	6	3	18
Offal English	36	5	3	27
Imported	.	13	2	3
Rabbit	.	.	2	2

Other foodstuffs

baby foods	162 cans
Beverages	52 lbs.
Biscuits	4148 lbs
Cakes	278 lbs
Cereals	107 packets
Cheese	280 lbs
Coconut	23 lbs
Dried fruit	194 lbs
Fats	790 lbs
Fruit pulp	1513 lbs
Ice-Cream	2340 lbs
	105 tubs
Ice Lollipops	521
Jam	194 lbs
Fruit juice	554 cans
Pickles	886 jars
Puddings	246
Pastry	137 lbs
Sweets	96 lbs
Sauce	26 bottles
Spices	18 lbs
Soup	424 cans
Sugar	1535 lbs
Meat	5963 cans
Fish	3273 cans
Milk	375 cans
Fruit	6183 cans
Vegetables	11322 cans
Flour	560 lbs
Mousse/Trifles	374
Mustard	69 packets
Milk products	400 cartons
Pie fillings	13
Rosehip syrup	171 pints
Salt	89 lbs
Salda cream	55 jars
Assorted frozen foods	1375 packets
Meat products	2352 lbs
Fish products	450 lbs
Vegetables	42711 lbs
Miscellaneous	597 lbs
	111 cans
	270 packets
	93 boxes
	55 bottles

Slaughtering of animals for food 1963-1970

	1970	Casualty animals carcasses included in 1970 figures	1969	1968	1967	1966	1965
Cattle excluding cows	20650	2	19382	22652	25988	23134	19565
Cows	219	.	389	835	761	1030	1290
Calves	343	.	507	637	894	848	947
Sheep	78969	48	81533	100466	92671	98146	92944
Pigs	76799	267	85374	75382	63476	69302	60647
	176980	317	187185	199972	183790	192460	175393

Incidence of disease The following table summarises the quarterly returns to the Ministry of Agriculture, Fisheries and Food in connection with research and disease control carried out by the Animal Health Division.

Adult Cattle					Calves				
Condemnations					Condemnations				
Number slaughtered 20869					Number slaughtered 343				
	Carcases		Offal			Carcases		Offal	
	Total	Partial	Total	Partial		Total	Partial	Total	Partial
Actinobacillosis (-mycosis)	.	4	.	181					
Bruising	1	5	2	1	Bruising	.	.	.	.
Cysticercosis (C. Bovis)					Emaciation	.	.	.	.
a Rejected	.	.	.	11	Immaturity	.	.	.	.
b Refrigerated	11	.	.	11	Joint-ill or navel-ill	.	.	.	.
Echinococcosis	.	.	.	10	Septicaemic conditions/fever	8	.	8	.
Emaciation	1	.	1	.	Tuberculosis	.	.	.	.
Fascioliasis (fluke)	.	.	.	1725	Other conditions	.	.	.	.
Hepatic abscess	.	.	.	699					
Johne's disease	.	.	.	.	
Mastitis	.	.	.	.	
Peritonitis	.	.	.	.	
Pneumonia and/or pleurisy	.	.	.	84					
Septicaemic conditions/fever	6	.	6	.					
Telangiectasis	.	.	.	13					
Tuberculosis	.	.	.	3					
Tumours	.	.	.	.	
Other conditions	3	2	3	355					

Pigs	Condemnations			
	Carcases		Offal	
	Total	Partial	Total	Partial
Abscess	.	135	.	123
Arthritis	.	75	.	.
Ascariasis (Milk spot)	.	.	.	2432
Bruising	.	81	.	1
Echinococcosis	.	.	.	.
Emaciation	5	.	5	.
Jaundice	2	.	2	.
Pneumonia and/or pleurisy	.	.	.	532
Pyæmia	120	.	120	.
Septicæmic conditions/fever	121	.	121	.
Swine erysipelas	10	.	10	.
Tuberculosis	.	.	.	.
Tumours	2	.	2	.
Other conditions	12	3	12	79

Sheep	Condemnations			
	Carcases		Offal	
	Total	Partial	Total	Partial
Abscess	1	1	1	1
Arthritis	.	6	.	.
Bruising	1	14	1	.
Cysticercus ovis	.	.	.	.
Echinococcosis	.	.	.	972
Emaciation	18	.	18	.
Fascioliasis (fluke)	.	.	.	1793
Jaundice	1	.	1	.
Pneumonia and/or pleurisy	.	.	.	.
Pyæmia	2	.	2	.
Septicæmic conditions/fever	40	.	40	.
Tumours	.	.	.	.
Other conditions	8	1	8	.

Other premises subject to inspection

Knackers' yard	1
<i>Offensive trades</i> a Hides & skins	1
b Tripe dressers	1
Pet shops	25
Animal boarding establishments	2
Riding establishments	1
Hairdressing premises	378
Part II Poisons	157

Report for 12 months ended 31st December, 1970

1		Number of properties in district	112269
2	a	Total number of properties (including nearby premises) inspected following notification	3598
	b	Number infested by (i) Rats	2159
		(ii) Mice	1139
3	a	Total number of properties inspected for rats and/or mice for reasons other than notification	6402
	b	Number infested by (i) Rats	26
		(ii) Mice	240
		Number of wasps nests destroyed	221
		Number of feral pigeons destroyed	857

City Analyst

Report for the year 1970

E R Pike, *BSc, MChemA, MPhA, MPS, FIFST, FRIC*

I have the honour to submit my tenth annual report on the work and operation of the City Analyst's Laboratory during the year 1970.

The samples examined are summarised as follows:

Samples submitted under the Food and Drugs Act, 1955		
(a)	Submitted by City of Leicester Public Health Inspectors	
(i)	Milks for compositional analysis	615
(ii)	Milks for the presence of antibiotics	160
(iii)	Milks for the efficiency of heat treatments	610
(iv)	Milks for keeping quality	490
(v)	Foods (other than milk)	1298
(vi)	Drugs	172
(vii)	Shellfish for bacteriological quality	39
(b)	Food and Drugs submitted by private persons	34
Bacteriological Examinations (Water, Churn and Bottle Rinses, Foods for efficiency of heat treatment)		
		434
Samples submitted under the Fertiliser and Feeding Stuffs Act, 1926		
		59
Samples submitted by Public Protection Dept. under the Trade Descriptions Act, 1968		
		85
Blood and Urine samples examined under the Road Safety Act, 1967		
		126
Miscellaneous Samples		
(i)	Atmospheric pollution samples	2426
(ii)	Miscellaneous samples examined for the Health Department	447
(iii)	Blood samples submitted for phenylketonuria screening	2280
(iv)	Samples examined for Corporation Departments other than Health and Public Protection Department	131
(v)	Samples examined for other Local Authorities	596
(vi)	Samples examined for private persons (other than Road Safety Act, samples)	389
	Total	10391

Examination of the above table and the contents of this report will show the wide range of samples and problems dealt with during 1970. Many of those activities are outside the legally defined functions of a Public Analyst under the Food and Drugs Act, in fact the functions of the department would be better described under the title of 'Scientific Advisory Services'.

1970 was designated European Conservation Year and this has highlighted the need to safeguard the environment in which we live. As a consequence of the publicity associated with this campaign ordinary persons and school-children have been made well aware of the dangers of pollution of the air, land, rivers and the sea. That school-children and students in particular have been made aware of such problems has resulted in many requests for information and help in their study projects which seem to have been popularly orientated around the study of 'pollution'. Such help has been freely given by the department in an effort to emphasise the importance of such problems.

Apart from pollution, modern living brings many other problems and the development of the frozen food industry has brought its quota of technical difficulties. One of these has been the differentiation of fish species in packs of frozen fish in which the skin has been removed and hence traditional means of identification removed. In order to identify such specimens a system known as 'Disc Electrophoresis' has been used in this laboratory. It is not without due pride that I believe that we were of the first few Public Analyst's laboratories to put this process into practice as a consequence of which the process was filmed in this laboratory by the B.B.C. and televised in 'Tomorrow's World'

In my last report I mentioned the difficulty experienced in filling junior posts and I am pleased to report that we have now filled our full establishment, a state of affairs that has not been so satisfactory for many years. I must take this opportunity therefore to record my appreciation of the

loyalty and efforts of all my staff who, without exception have ably fulfilled their various functions, my thanks are also due to members of the Public Health Inspectorate, the Food Inspector in particular, and Inspectors of the Public Protection Department for their kind co-operation and assistance. Additionally, I thank the Chairman, Members of the Health Committee and the Medical Officer of Health for their interest and encouragement in the activities of the Department.

Legal

Legislation introduced during 1970 affecting the work of the City Analyst's Department

Regulations made prior to 1970 but coming into force during 1970

- 1 The Artificial Sweeteners in Food Regulations 1969, which excluded cyclamates as food sweeteners became operative upon 1st January, 1970.
- 2 The Soft Drinks (Amendment) Regulations 1969, which excluded cyclamates as food sweeteners became operative upon 1st January 1970.
- 3 The Weights and Measures (Equivalents for dealing with drugs) Regulations 1969, required manufacturers to designate drugs by the metric system as from 1st January 1970, the date for retail sale being 1st January, 1971.

Regulations made during 1970

1 The Colouring Matter in Food (Amendment) Regulations 1970

This amendment deletes the colour 'Ponceau MX' from the permitted list of food colouring matters as from 1st January, 1971.

2 *The Cheese Regulations 1970*

These regulations which were made upon 23rd January, 1970, re-enact with amendments the Cheese Regulations 1965 as amended and became operative upon 31st January, 1970.

The Regulations specify compositional, labelling and advertising requirements for cheese, processed cheese, cheese spread and compound products.

3 *The Emulsifiers and Stabilisers in Food (Amendment) Regulations 1970*

These amending regulations, made upon 24th July, 1970 and operating from 1st September, 1970, remove brominated vegetable oils from the list of emulsifiers and stabilisers permitted for use in foods.

4 *The Fertilisers and Feeding Stuffs (Amendment) Regulations 1970*

These Regulations, operative from 1st October 1970 further amend the Fertilisers and Feeding Stuffs Regulations 1968.

They introduce an additional limit of variation for high concentration compound fertilisers; prescribe methods for sampling fertilisers and feeding-stuffs in liquid form; prescribe methods of analysis for certain prophylactics added to feeding-stuffs; add a new composite entry in Schedule 2 covering 'dried distillery by-products' and lay down methods of analysis for calcium in these products; introduce implied definitions for 'Kainit' and 'magnesium kainit'; and effect minor revisions to Schedules 4 and 8.

5 *The Labelling of Food Regulations 1970*

These regulations revoke the Labelling of Food Regulations 1967 (before these regulations came fully into force) and will supersede and extend the provisions of the Labelling of Food Order 1953, as amended. They will come into operation on 1st January, 1973. Exemptions from some or all of the provisions of the regulations are allowed, subject to certain safeguards, in respect of soft drinks until 5th January, 1976 and, in respect of bottles containing a drink

and bearing a fired-on or embossed label, until 3rd January, 1983.

The principal changes are that the regulations:

- a amend and extend the provisions relating to the labelling of pre-packed food and the list of foods to which they apply;
- b impose requirements as to the labelling and advertising of certain foods for retail sale which are not pre-packed; of food for sale from vending machines; of tenderised meat; of dried and dehydrated foods; and of dry mixes;
- c impose the restrictions on the height, visual emphasis and prominence to be given to the appropriate designation or the common or usual name and on the minimum size of lettering to be used for the name or designation and in the list of ingredients;
- d impose requirements in respect of the intoxicating liquor content of liqueur chocolates and of shandy type drinks.

6 *The Cream Regulations 1970*

Made upon the 13th May 1970 these regulations became operative upon 1st June 1970, and supersede the Food Standards (Cream) Order 1951.

The principal provisions of these regulations:

- a specify requirements for the description and composition of cream.
- b specify permitted added ingredients for cream, subject to specified limits, and make consequential amendments to the Emulsifiers and Stabilisers in Food Regulations 1962.
- c specify requirements for the labelling and advertisement of cream.
- d provide that certain requirements relating to the description and composition of cream and relating to labelling shall have modified effect before 1st March 1972.

7 *The Soft Drinks (Amendment) Regulations 1970*

These regulations operative from 3rd November 1970 extend by one year, ending 31st December 1971, the period during which the words "permitted artificial sweetener"

may appear in place of the word "saccharin" on a label or container of any soft drink which contains a permitted artificial sweetener and which is sold, consigned or delivered for human consumption.

8 *The Agriculture Act 1970*

The Agriculture Bill received the Royal Assent upon 29th May 1970. The Fertilisers and Feeding Stuffs Act 1926 however remains in force with its Regulations until Part IV of the new Act is brought into effect by Order. This will not be possible for some time since new Regulations need to be prepared involving consultations with interested persons.

Proposals for Regulations and Reports issued during 1970

1 *Food Additives and Contaminants Committee Report on the Leaching of Substances from Packaging Materials into Food*

At the present time there are no regulations which specifically control the composition of packaging materials or the migration of substances from packaging materials to food. The Food Hygiene Regulations do however prohibit the use of wrapping materials or containers which are unclean or liable to contaminate food. Also action could be taken under sections 1 or 2 of the Food and Drugs Act 1955 against food containing a contaminant so as to render the food injurious to health or as rendering the food not of the nature, substance or quality demanded. The purpose of these proposals is to investigate the possibility of making regulations to control the composition of packaging materials as a protection of public health.

The report considers the control systems in other countries and considers the extent of the hazard as regards the material (e.g. card, paper, glass and plastics) and also the effect of printing inks applied to these materials. A recommended system of control is discussed and a procedure for investigating migration of substances from packaging materials is stated.

2 *Food Standards Committee Report on Pre-1955 Compositional Orders*

The Orders concerned relate to:

Baking Powder and Golden Raising Powder
Edible Gelatine
Mustard
Curry Powder
Tomato Ketchup
Fish Cakes
Suet

The main recommendations of the report are:

- a The Orders relating to Baking Powder and Golden Raising Powder, Edible Gelatine, Mustard, and Curry Powder should be revoked.
- b Certain provisions should be laid down regarding the labelling of these products, either when sold as such or when forming an ingredient of another food.
- c Statutory control of Tomato Ketchup should be continued; the minimum content of tomato solids should be increased from 6 to 8%; the product should be defined; there is no need for specific control on the level of copper in tomato ketchup.
- d Statutory control of Fish Cakes should be continued; the minimum fish content should be increased from 35% to 40%; the product should be defined.
- e Statutory control of Suet should be continued, with the minimum fat content of block suet and shredded suet remaining at 99% and 83% beef fat respectively; provision should be made for suet to be expressly permitted to contain an antioxidant.
- f Further consideration should be given to the need for statutory control of coated fish products.

The British Pharmacopoeia 1968

An addendum to the British Pharmacopoeia 1968 was issued in 1969 and became effective upon 1st June 1970.

Milk

The quality of milk is governed by the Sale of Milk Regulations 1939 which lay down presumptive standards of 3.0% of fat and 8.5 per cent of milk solids other than fat. Milk which does not reach these minimum standards is presumed to be adulterated unless the contrary is proved. In practice the presence of added water is confirmed by the Hortvet freezing point test and more detailed analysis of the sample concerned. Any fat deficiency must be confirmed by comparison of the milk with that obtained from a so-called "appeal to cow" sample; that is, a sample obtained by a supervised milking from cows of the herd concerned. Obviously naturally low-fat milks can be checked only from non-bulked raw milks in course of delivery to the dairy. Provided the milk is of the same composition as given by the cow no offence is committed even if the fat or solids-not-fat is below the presumptive standards. The law relating to milk designated as 'Channel Island' or 'South Devon' is different. Such milks are governed by the Milk and Dairies (Channel Islands and South Devon Milk) Regulations 1956 and are subject to an absolute minimum of 4% fat. No absolute standard is fixed however for milk-solids-not-fat and the general minimum of 8.5% is therefore applied; nevertheless Channel Island Milks usually contain a much higher solids-not-fat content as indicated in the analytical data stated below.

During 1970 615 samples of milk were examined for compositional quality including 15 'Channel Island' milks. No 'Channel Island' milk was the subject of adverse report the average fat content being 4.58% by weight; and solids-not-fat content being 9.03% by weight. The annual average composition of milk (other than Channel Island milk) is given in the table below:

Annual Average Composition of Milk

<i>Year</i>	<i>Fat %</i>	<i>Solids not Fat %</i>	<i>No. of samples examined</i>
1963	3.70	8.76	1008
1964	3.71	8.72	985
1965	3.73	8.71	1005
1966	3.72	8.67	1038
1967	3.69	8.60	1004
1968	3.64	8.64	622
1969	3.72	8.71	552
1970	3.67	8.67	600

The above records show that the marginal improvement noted in 1969 for milk quality has not been maintained and the overall conclusion must be that there has been some deterioration, small though it might be in the compositional quality of milk in recent years. Even so it must be admitted that of the six hundred milks analysed only 7 were rejected as being substandard. One formal milk contained 4½ per cent of added water and was the subject of a successful court case. Such adulterated milks are not included in the results used to compute the average compositional data in the above table.

Hygienic Quality of Milk

Milk is a highly nutritious article of food, not only is it nutritious to animal and man but it also serves as a good bacteriological growth medium. Whilst heat treatment ensures that milk is free from disease producing (pathogenic) organisms not all bacteria are susceptible to this treatment and hence, given the right conditions of temperature will thrive and multiply. In multiplication they produce

acidity, cause clotting and spoilage of the milk. Hence it is essential that a purchaser should be provided with fresh milk if it is to last for a reasonable length of time in an acceptable condition, especially if refrigeration is not available. For this reason 490 samples of pasteurised milk were subjected to the methylene-blue test for keeping quality; 21 samples were the subject of adverse reports.

Present legislation prohibits the sale of raw milk except for milk bottled on specifically prescribed farms (farm bottled milks). Thus milk must be subjected to a form of heat treatment to destroy the possible presence of any disease-producing organisms (such as tubercular or undulant fever (brucella) bacteria). Such forms of heat treatment, might consist of, 'pasteurisation', sterilisation or 'ultra-heat treatment' (U.H.T.).

In the pasteurisation process milk is heated to 161°F for at least 15 seconds and then immediately cooled to 50°F. Satisfactory treatment is checked by the 'phosphatase test'; 483 samples were tested of which 3 failed.

Sterilised milk is subjected to a more drastic heat treatment and is maintained at 212°F (i.e. boiling-point of water) for such a time as the resultant milk will satisfy the turbidity test; 103 samples were checked and found to be satisfactory.

Ultra Heat Treated Milk is milk which has been heated to 270°F for a period of not less than 1 second and then filled into sterile containers. Ultra Heat Treated Milk is required to satisfy a bacterial colony count test; 24 samples tested successfully passed this test.

Penicillin and other antibiotics are used in the treatment of mastitis in cows thus leading to the possible presence of antibiotics in milk unless adequate precautions are observed. Of the 160 milks examined traces of penicillin were detected in three of them. Subsequent follow-up samples in two cases were satisfactory but the third case is the subject of further investigation at the time of writing.

From September this laboratory resumed the responsibility of the bacteriological examinations of washed milk bottles and churns; 60 rinses from churns and 84 washed bottles were examined. 7 churn rinses were rejected as 'unsatisfactory' and a further 3 as only 'fairly satisfactory'. The washed bottles presented a better state of affairs only one being classed as 'unsatisfactory' and two as 'fairly satisfactory'.

Bacteriological Examinations

573 samples were examined for bacteriological quality. These included tap waters, churn rinses, washed milk bottles and methylene blue tests on ice-cream from September, when the laboratory was asked to resume this service which had been carried out at the Public Health Laboratory since May, 1966.

The following table gives indications of the numbers of samples and those found unsatisfactory.

<i>Type of Sample</i>	<i>No. submitted</i>	<i>No. found unsatisfactory</i>
Daily laboratory tap waters	250	Nil
Tap waters (Health Department)	59	8
Churn Rinses	60	7
Milk bottles	84	1
Mussels	39	Grade 2 6 Grade 3 5

(Grade 2 is only acceptable in certain markets: Grade 3 is not acceptable for direct human consumption).

Foods for the efficiency of heat treatment

81 samples were submitted under the Ice-cream (Heat Treatment) Regulations and the Liquid Egg (Pasteurisation) Regulations.

<i>Sample</i>	<i>No. Submitted</i>	<i>No. unsatisfactory</i>
Liquid Egg	39	Nil
Ice-cream	42	Grades 3 & 4 7 Grades 2 12

(Grade 2 is satisfactory but further examination is desirable: Grades 3 & 4 are unsatisfactory).

Food Samples (other than milk)

1398 samples of food (other than milk) were submitted by the Leicester Public Health Inspectors for examination under the Food & Drugs Act, 1955. A further 34 samples were submitted by private persons as a consequence of various complaints. No less than 101 samples were rejected, amounting to 7.2% of the total food samples examined. This is the highest rejection rate recorded for many years and compares with 3.7% for 1969.

In 33 cases labelling was criticised whilst foreign bodies accounted for 11 complaints, the remaining 57 samples were rejected because of compositional deficiencies or excessive metallic contamination.

Details of the more interesting samples rejected will be found in the following paragraphs.

Dairy and related products

Yogurt products purporting to be Yogurt have become increasingly popular during the last decade. The product now accepted as yogurt is a concoction of milk and skimmed milk powder which has been subjected to a bacteriological souring process and subsequently flavoured by the addition of fruit puree. Such products usually are described as 'low-fat yogurt' and contain on the average around 1.5% of milk fat. Two samples were submitted as 'natural yogurt' and contained respectively 1.4 and 1.6% of milk fat. The observation was made that natural yogurt is a cultured milk and that the milk-fat content should be not less than 3%. The samples were therefore considered to be wrongly described as 'natural yogurt' and should more correctly be labelled 'Low-fat yogurt'. The manufacturers subsequently replied that the description 'natural' was really intended to imply that the product was unflavoured and was really 'natural-flavoured low-fat yogurt'; a description which was finally accepted as satisfactory.

Smatana

Smatana (or Smetana) is a product of Russian origin where it consists of cream soured with a culture of *Streptococcus lactis* and *Lactobacillus acidophilus*; the finished product having a fat content of 30 to 45%. The sample submitted consisted of a compound product prepared from milk with added cream and non-fat milk solids and had a final fat content of only 6.8%. The opinion was expressed that 'Smatana' is a cultured cream and should contain not less than 18% of milk fat, the sample was therefore considered either to be deficient of 62% of fat, or the product was incorrectly described as 'Smatana'.

Dessert Products

Four or five of these preparations based upon yogurt and variously flavoured were rejected because of inadequate labelling. Such products being foods made of two or more ingredients are required by the Labelling of Food Order 1953 to be labelled with the usual or common name of the product and to disclose a list of ingredients in quantitative order. The name and address of the packer should also be stated. Although all originating from the same manufacturer only one of the five samples was correctly labelled, the others were defective but the defect in the labelling differed with each sample. They subsequently submitted amended labels which were accepted as satisfactory.

A canned sample, labelled 'Mousse-flavoured with Genuine Jamaica Rum' was found to contain only approximately 1% of rum. The opinion was expressed that 1% of rum was inadequate in a product of this type, also the texture of the product was like that of a blancmange whereas a mousse is a light aerated product. The distributors agreed with our findings and stated that they had stopped selling this product for the very simple reason that their views coincided with those of the Public Analyst. It is interesting to consider that a product claiming the presence of alcoholic spirits is limited in its maximum alcohol content to

2% proof spirit by Excise Regulations unless the products are sold in licensed premises. Thus the maximum permissible rum in such a product can be only approximately 3%.

Cheese

The Cheese Regulations 1970 which became operative upon 31st January, 1970 defines the composition and description of cheese, processed cheese and cheese spread. Seven samples were rejected as not complying with the specified requirements; two samples of Blue Stilton Cheese contained respectively 11% and 5% excess of the specified maximum moisture content of 42%; two samples of medium fat processed cheese contained respectively 28% and 24.7% excess of the maximum moisture content of 48%. A sample of pasteurised processed cheese spread was deficient of 8.5% of the required minimum milk-fat content of 28%. A sample of Parmesan Dried Cheese was labelled '30% fat' in accordance with the Regulations which require a hard cheese not specified in Schedule 1 of the Regulations to bear either a declaration of minimum percentage fat in the dry matter and maximum percentage water or a declaration of minimum fat content; the sample contained only 28.4% of fat and was therefore declared to be deficient of 5% of the declared minimum fat content.

Finally a Roquefort cheese, also a variety not specified in Schedule 1 of the Regulations contravened the labelling requirements in that it was not labelled with the description of the cheese (i.e. full fat hard cheese) or with the minimum percentage milk fat in the dry matter.

Soft Drinks

The Soft Drinks (Amendment) Regulations 1969 became operative upon 1st January, 1970. The main effect of these regulations was to ban the use of cyclamates in soft drinks. A survey was therefore carried out to check the extent of stocks of old soft drinks containing cyclamates still on sale

in shops. No fewer than eleven samples were found to contain cyclamate and were declared to be unfit for human consumption. Needless to say full co-operation was received from the vendors in removing the offending articles from sale to the public. It is interesting to reflect that the apparent panic measures introduced to ban cyclamates were based upon an American research programme the validity of which has been questioned. Since the ban became effective further research has tended to exonerate cyclamates from carcinogenic effect. However such uncertainty regarding the safety of this substance in food is bound to effect its acceptance by the public and it would be better for the ban to remain in force rather than be the subject of scientific and legal vacillation.

Two samples of Ginger Beer labelled 'Old Fashioned Ginger Beer' were rejected because they contained only traces of alcohol to the extent of 0.008% w/v. The opinion was expressed that 'Old Fashioned' Ginger Beer is a brewed product and as such should contain sufficient alcohol to justify such a description.

Two samples of 'Orange Crush' and a 'Lemon Drink' were found to be devoid of any fruit juice content. It was pointed out that a 'Crush' in the Soft Fruit Regulations 1964 is a ready to drink product containing not less than 5% of fruit juice. Similarly a Lemon Drink is a product prepared from fresh fruit and should have a content of at least 2% potable fruit.

Five samples of Soft Drink labelled 'Cola' were found to contain no caffeine content. As reported in my report for 1969 a Cola drink is a carbonated drink containing extract of cola bean. Since cola bean contains caffeine one would expect a Cola drink to contain caffeine otherwise the drink should be more correctly described as 'cola flavoured' or 'Cola-ade'. Soft drinks manufacturers have been most co-operative and accept the argument that there should be a caffeine content in such drinks. The reason for the absence of caffeine would seem to be the responsibility of the soft

drinks essence suppliers who supply a flavour, the soft drinks manufacturer merely adding syrup, colour and carbonated water to produce the final product.

Meat Products

Shepherd's Pie and Cottage Pie

To be, or not to be a pie! That was the question posed by these samples. It would appear that Shepherd's Pie and Cottage Pie are synonymous to many people, to others Cottage Pie must be topped by a pastry crust, and it is this pastry crust which makes all the difference to the legal status of the product.

Delving into the depths of the appropriate Regulations made under the Food and Drugs Act one can find a complicated answer to this apparently simple question.

In the Meat Pie and Sausage Roll Regulations 1967 a 'meat pie' is defined as 'any product containing meat which is wholly or partly encased in pastry excluding sausage roll or vol-au-vent'. Thus Shepherd's Pie is not a pie within the meaning of this definition but if one tops it with a pastry crust it becomes a meat pie and then is subject to a compositional standard for a 'meat and vegetable pie', which insists upon a minimum meat content of $12\frac{1}{2}\%$. Now having established that Shepherd's Pie is not a 'Meat Pie' as defined in the Meat Pie Regulations one must enquire within the 'Sausage and Other Meat Products Regulations 1967' for any possible control over this product. Here one finds that providing there is no mention of meat or pictorial representation of meat on the label then these regulations do not seek to control the compositional quality of Shepherd's Pie. However, if mention of meat is made in phrases such as 'Now contains 10% more meat' or 'Meatier Shepherd's Pie', as did some of the samples examined, then by virtue of Part II, Section 5 (2) (3) of the Sausage and other Meat Products Regulations 1967 the product becomes subject to a minimum meat content standard of 35%. These products

were found to contain between 25% and 30% of total meat and consequently received adverse reports.

Even after all this the legal ramifications surrounding a packet of Shepherd's Pie are not ended, for as a pre-packed article it must comply with the requirements of the Labelling of Food Order, 1953. Thus if the article is merely labelled 'Shepherd's Pie' no compositional standard is implied and consequently a list of ingredients in quantitative order must be given; but if mention of meat is made on the label this implies a minimum meat content of 35% and since the product is subject to a compositional standard no ingredient list is necessary.

No doubt the reader when next contemplating his simple meal of minced meat and mashed potato instead of conjuring up pastoral visions induced by such names as Shepherd's Pie or Cottage Pie might reflect upon the concern that the legislators of this country have expended so that he might enjoy the delights of this pie that is no pie!

A further sample of Cottage Pie consisted of a can of ready cooked Cottage Pie Filling and a packet of Potato Flake Topping. Although careful reading of the bottom and ends of the carton made it plain that the contents were merely ingredients to make a Cottage Pie, the three major surfaces of the pack bore no reference to the fact that preparation and baking were necessary. Such omission was considered to render the description of the product inadequate and misleading.

Irish Stew

A very delectable sample of this product was labelled, 'Prepared only from English Beef and English Vegetables'. Traditionally Irish Stew is based upon mutton but presumably the manufacturers calculated that such a statement was sufficiently 'Irish' to authenticate the sample!

Sausages

26 samples of sausage were examined during 1970 of which eight were rejected, three samples contained undeclared preservative, three were deficient in lean meat content and five were deficient in total meat content. All the rejected samples consisted of Pork Sausage which is required to contain not less than 65% total meat of which not less than a half (i.e. 32.5%) should be lean meat.

Scotch Eggs

Samples of Scotch Eggs were submitted as pre-packed articles. Scotch Eggs traditionally consist of a hard boiled egg in a casing of pork sausage meat. Under the Sausage and Other Meat Products Regulations 1967 a product containing a complete meat product (including sausage meat) shall comply with the compositional standards relating to that complete meat product. Pork sausage meat is required to contain at least 65% of meat whereas the casings of two samples of Scotch Eggs contained only 47.2% and 55.9% of total meat respectively, for this reason the samples were rejected as being deficient of meat. There are in actual fact no specific standards for Scotch Eggs, but it was felt that if a traditional domestic product is to be placed upon the market its composition should not be debased. The standard adopted was upheld by enquiries to several domestic science establishments in the Midlands.

Other Meat Products

A pork loaf was found to contain only 60.2% of total meat instead of the required 65%. A product described as 'Chopped Ham and Egg' was found to contain cereal and should more correctly have been called 'Meat Loaf and Egg'. A sample called 'Cooked Ham without Fat' was found to contain the usual amount of fat expected in cooked ham, it was accordingly rejected as being misleadingly described.

Miscellaneous Food Samples

Wine Stabiliser

This sample, labelled as 'Wine Stabiliser' and declaring a list of ingredients as "Potassium Hexa 2:4 Dienoate, 1: 2: 3 Propanetriol" was considered to contravene both the Labelling of Food Order 1953 and the Preservatives in Food Regulations, 1962. The former regulations require a list of ingredients to be stated in terms of the common or usual names. Whilst it must be admitted that the substances expressed in terms of chemical nomenclature may be understood by chemists the world over, unfortunately chemists constitute only a small proportion of the population. It was therefore considered that the ingredients should have been expressed as 'Potassium Sorbate' and 'Glycerin', names which might convey some indication of the constitution of the product to the man in the street!

Furthermore, Potassium Sorbate, although a permitted preservative is not a preservative specified for use in wine; the only preservative permitted for use in wine being sulphur dioxide. The Preservatives in Food Regulations 1962 state that 'no person shall sell with a view to its use in the preparation of food any permitted preservative in such a manner as to be likely to lead to its use contrary to these regulations'. The sample further contravened the regulations in that, being a preservative it was not labelled in accordance with the labelling requirements as set out in Schedule 3 of the regulations.

The producers of this article argued that since the preservative was intended for use in home-made wine which is specifically forbidden to be sold unless excise laws are complied with, the product did not contravene the Preservatives in Food Regulations, they did however agree to amend the label to comply with the regulations and adding a note to the effect that its use was limited to home-made wines not for sale.

Sliced Beetroot

This was a pre-packed sample devoid of any labelling as required by the Labelling of Food Order 1953. In this Order whole cooked beetroot is exempt from labelling requirements but as this sample was sliced and contained acetic acid to the extent of 1.3% it was considered to be a processed compound product and should have been labelled 'sliced pickled beetroot' and accompanied by an appropriate list of ingredients,

Mixed Vegetables (Canned)

The LAJAC Code of Practice No. 4 requires mixed vegetables to contain not less than four vegetables none of which must exceed 40% of the total. Three samples were rejected all containing an excess of carrots (53%, 52% and 46% respectively), beans were present only to the extent of 1%, 1% and 3% respectively.

Self Raising Flour

The Bread and Flour Regulations 1963 require flour to contain not less than 1.65 milligrams of iron per hundred grams of flour whereas three samples were deficient in that they only contained 1.36, 1.20 and 1.23 milligrams per 100 grams respectively.

Iodised Salt

Code of Practice No. 11 recommends that Iodised Salt should contain between 433 and 725 milligrams of iodine per ounce of salt. This sample contained only 150 milligrams per ounce.

Wheat Germ

A sodium content of 1 milligram per ounce was claimed in this sample whereas 9 milligrams per ounce were found representing an excess of 800%.

Breakfast Cereals

Two samples were described respectively as 'New Butter Flavour' and 'Chocolate Flavour' but no mention of the appropriate flavouring agent was made in the list of ingredients. The manufacturers admitted their errors and subsequently submitted corrected cartons which proved satisfactory.

Instant Mashed Potato

Several samples were examined labelled as 'Instant Mashed Potato' or 'Mashed Potato'. All these samples contained varying amounts of dried skimmed milk powder up to approximately 15% of the total weight of the product. The view was expressed and accepted that such products should more correctly be described as 'Dehydrated Mashed Potato Mix'.

A further sample described as 'Calorie-reduced Mashed Potato' was criticised because no indication of the dehydrated nature of the product was given and the calorific value expressed related to the reconstituted product and not to the contents of the packet, this fact was not made clear on the label.

Honey and Preserves

Two samples of honey labelled 'Pure Honey' gave analyses indicating the presence of artificial honey. The packers replied saying that the product was a blend of Australian and Chinese honeys but that as the factory was closing down they were unable to investigate the matter further.

A sample of raspberry jam submitted by a private person because of its thin consistency was found to be deficient of 10.3% of the required soluble solids (sugar) content.

Another sample designated 'Low Sugar Jam' contained only 43% of soluble solids as sucrose whereas ordinary jam is required to contain at least 65% of soluble solids. However the standards prescribed in the Food Standards (Preserves) Order 1953 do not apply to jams intended for use

by diabetics, providing they are clearly labelled to that effect. Although reference was made to diabetic use it was in very small print and not clear and conspicuous as required by the Order. The manufacturers accepted the complaint and submitted re-designed labels for our approval.

Toxic Metallic Contamination

The recent sensational disclosures that tuna fish contains traces of mercury highlights the need to check foodstuffs for such toxic contaminants. It has been the practice in this laboratory to assay all foodstuffs liable to contain traces of heavy metals for these substances. Eggs have been examined for mercury and 'free-range' eggs are more likely to contain such contamination since the birds are free to feed upon any dressed seed which might, through lack of thought and possibly appreciation of the danger, have been scattered about the farmyard. It has been the practice to dress cereal seed with fungicide containing mercury to inhibit moulding of the seed before germination takes place. Obviously if such dressings are scattered over arable land it is likely that traces of mercury could affect potential water supplies. Fortunately our investigations have not indicated that there has been or is likely to be any danger in this direction. Perhaps I could take the opportunity here to reassure the reader that we have been aware of the dangers of traces of mercury and indeed of other trace metals in water and food for many years. In recent years however medical opinion appears to attach greater importance to such trace contamination so that we must spend greater energy and time in its detection. It cannot be denied that traditional chemical methods for the estimation of traces of lead or mercury are laborious, time consuming and costly in reagents. Increase in this work therefore justified the acquisition of atomic absorption apparatus which not only eases the work load in the determination of minute amounts of toxic metals but is more accurate and less costly in chemicals. It is hoped that such an instrument will be

installed during the coming year. Though no sensational traces of mercury have been detected in foods examined several exotic pickle samples were found to exceed the maximum permitted lead content of 2 parts per million. Four samples received adverse reports in containing lead between 3.4 to 3.8 parts per million.

Foreign Bodies in Food

By the term 'foreign body' one infers the presence of undesirable visible matter in food as distinct from invisible contamination such as pesticide or metallic residues. When one realises that many millions of containers are filled each year with milk, meat, vegetables, fruit etc., the technical efficiency required by the packers to ensure that such canned and containerised food reaches the consumer in impeccable condition must be very high indeed. Yet if one finds an insect in a tin of peas or a bit of burned pastry in the crust of a pie, the manufacturer is damned upon this one item and not congratulated upon the million good ones for which he has been responsible. Of course foreign matter in the form of rodent or insect infestation which arises during storage of food is a thing which cannot be condoned under any circumstances.

Nevertheless although only about a dozen samples of foreign bodies were submitted to us for detailed examination the general trend is an increase in this type of complaint reference to which is made in the report of the Chief Public Health Inspector.

In this category we dealt with machine grease in a pie crust and in corned beef; a beetle in pineapple pieces; jute fibres (string) in black pudding; dirt particles in sugar (2 samples) a piece of solder in a canned baby food; burned starchy matter in potato crisps; flakes of lacquer in canned rhubarb (samples 2); green synthetic fibres in baked beans; and rodent droppings on an iced birthday cake.

Perhaps a more disturbing instance of foreign matter in food concerned a consignment of frozen peas in 20 lb.

packs. These peas were found to contain berries of the poisonous plant *Solanum nigrum* (Black Nightshade). A subsequent visit to the frozen food store in Lincolnshire during which a dozen or more boxes were opened and sorted, indicated that the poisonous berries varied in their distribution in the packs of peas from nil to a hundred or more. Obviously it would be an impossible task to sort through the thousand boxes in the consignment and a certificate was therefore issued condemning them for human consumption.

Drugs

Depressing descriptions of drug addiction are an all too-frequent occurrence in today's newspapers, and this degrading trend all too-often associated with the younger generation, has to some extent had its repercussions in Public Analysts' Laboratories. Thus we have had to examine urine from school children for evidence of amphetamines. Several telephone calls have been dealt with regarding symptoms of possible drug taking by children and one was an intriguing case of 'drug' taking by young boys. In this instance the 'strings' obtained from banana skins were stated to have been dried and smoked!

One is tempted to dismiss such apparent frivolities as innocuous but it is somewhat disturbing for two reasons. In the first case an interest in smoking is developed; it would be unfortunate if this initial interest led to further experiments in drug taking. Secondly it was found that a banana does contain certain amino compounds possessing physiological activity, e.g. Serotonin (5 hydroxytryptamine) to the extent of 3 mg per 100 g., Non-adrenalin (0.2mg/100g) and Dopamine (0.8mg/100g). The compounds are classed as 'pressed amines' or 'sympathomimetics', such substances stimulate the 'sympathetic nervous system', or in a simplified manner it can be said that muscular and central nervous activity is stimulated at the expense of visceral activity. However such stimulation is most readily obtained

when such amines are injected into the blood stream but they may not be well absorbed from the intestinal tract. For this reason perhaps no instance has been traced where toxicity has resulted from eating too many bananas. This possible hazard can perhaps be put into better perspective by comparing the pressor amine content of Camembert Cheese which has a content of 200mg per 100g in the form of tyramine!

Some 172 samples of drugs were submitted during the year of which 15, or 8.7% were rejected. The following notes indicate the reasons for their rejection.

Boric Lint B.P.C. 1963

This article was deleted from the current edition of the B.P.C. (1968) probably due to the rather dubious medical status now associated with boric acid. Boric Lint should therefore more accurately be designated Boric Lint B.P.C. 1963.

Three samples were rejected for inadequate labelling in this respect. The B.P.C. 1963 requires a boric acid content of between 3.0% and 7.0% and the area per gram of boric acid free lint to be between 52-57 sq.cm. One sample contained 20% excess of the maximum boric acid content and another had a smaller area per gram of the boric acid free lint.

Glycerin Lemon and Honey

The sample was stated to contain 0.87% of citric acid whereas only one tenth of this amount was detected. The manufacturers attributed the defect to a slipped decimal point during the change to the metric system.

Compound Codeine Tablets B.P.

These tablets complied with the compositional requirements of the British Pharmacopoeia but no indication of the presence of aspirin was made as required by the B.P. 1968.

Iron Tonic Tablets

These tablets were deficient of approximately 20% of the declared 'Iron (Ferrous Carbonate) 80mg per tablet'. The deficiency was explained by the fact that the manufacturers had not used Ferrous Carbonate in their formulation but had used saccharated ferrous carbonate instead.

Vitaminised Iron Tablets

A list of active ingredients was stated but the statement was not specific in that no indication was provided to say whether the quantities related to content per tablet or percentage.

Gee's Linctus B.P.C.

This sample was deficient of 15% of the required anhydrous morphine content.

Glaubers Salt B.P.

This sample had become dehydrated such that on drying at 105°C it lost only 19.6% of its weight instead of a minimum of 51.5% as required by the B.P. 1968.

Rapid Energy Tablets

These tablets contained 50 mg of Caffeine and certain vitamin ingredients. The sample was considered to be mis-described since it contained no constituent which would provide energy. It was agreed that they would more properly be called 'Rapid Energy-Release Tablets'.

Campden Tablets

These chemical tablets could be more properly described as 'food adjunct' materials and were specifically sold for use by the amateur wine-maker for the inhibition of yeast activity. Two samples of the tablets contained respectively 52% and 53% of sulphur dioxide instead of a declared minimum of 60%

Cream of Tartar

This sample proved not to be Cream of Tartar but Tartaric Acid supplied and labelled in error.

Swimming Bath Waters

104 samples were received from the Health Department during the year. Only one sample was found to be bacteriologically unsatisfactory. However, three samples, all from school baths, were found to have very high free chlorine contents, probably due to misuse of the control test kits. These kits can give a false low result in the presence of a very high chlorine content, and under these circumstances more chlorine may be added to make up the apparent deficiency. A true result could be obtained (under these circumstances) if the sample was diluted with tap water and re-tested. Unfortunately this fact is not apparently made clear in the instructions supplied with the test kit.

Fertilisers and Feeding Stuffs

59 samples were examined in accordance with the requirements of the Fertilisers and Feeding Stuffs Regulations 1958. These consisted of 47 fertilisers of which 12 were rejected, and 12 feeding stuffs, all of which were satisfactory. The total rejection rate was therefore approximately 20%; this is a slight reduction on last year's rejection rate. A brief summary of the type of sample and irregularities is given in the table following.

All fertilisers and feeding stuffs are required to carry an analytical statement of specified constituents, excesses and variations from the stated amounts being controlled by prescribed limits of variations given in the Regulations. The analytical statement now extends to the quantitative declaration of added trace elements on all fertilisers and feeding stuffs.

In general excesses are to the purchaser's advantage and deficiencies to his prejudice, except in the case of fibre in feeding stuffs, where the reverse applies. However, the

Fertilisers and Feeding Stuffs Act 1926 requires all samples whose analysis falls outside the prescribed limits of varia-

tion to receive adverse reports, even if the variation is to the purchaser's advantage.

Fertilisers				
	<i>Type</i>	<i>No. submitted</i>	<i>No. rejected</i>	<i>Irregularity</i>
	Bonemeal	4	.	.
	Dried Blood	3	.	.
	Fish Fertiliser	1	1	Sample 58, Reversion Soluble Phosphate
	Hoof and Horn Meal	2	2	Samples 25 & 27, both excess Nitrogen
	Nitrochalk	1	.	.
	Sulphate of Ammonia	3	.	.
	Sulphate of Iron	1	.	.
	Sulphate of Potash	4	.	.
	Super Phosphate	1	.	.
	<i>Compound Fertilisers</i>			
	Growmore	3	2	Samples 23 & 28, both contained excess soluble P_2O_5
	Plant Food	5	1	Sample 57, trace elements not declared quantitatively
	Lawn Conditioner	3	2	Samples 21 & 26, both deficient of insoluble P_2O_5 and contained excess K_2O
	Plant Food in Tablet Form	1	.	.
	Rose Fertiliser	4	2	Sample 30 deficient of nitrogen on the whole product as the declaration was ambiguous. Sample 58 reversion of soluble phosphate to insoluble
	Chrysanthemum Fertiliser	1	1	Sample 14 reversion of soluble phosphate to insoluble
	Liquid Fertiliser	7	1	Sample 32 deficient of Magnesium
	Miscellaneous products not covered by Regulations	3	.	.
	<i>Feeding Stuffs</i>			
	Poultry foods	7	.	.
	Pig foods	5	.	.
	Totals	59	12	

The Trade Descriptions Act, 1968

76 samples were submitted by the City of Leicester Public Protection Department for examination under the Trade Descriptions Act, 1968. A further 100 samples of petrols were similarly examined for the Leicestershire Public Control Department. The following list details the types of samples examined under this Act.

Antifreeze for I.C. Engines	3
Antifreeze for Screenwash water	7
Deionised water	1
Detergent	1
Jewellery	5
Paints, Lacquers etc.	15
Plant-food	1
Petrol, Paraffin, White Spirit etc.	136
Sheepskin	2
Starch	2
Toothpaste	1
Wigs	2

176

The screenwash antifreeze preparations were examined with regard to the protection against frost claimed on the package. One brand was found to have exaggerated claims and was the subject of a successful prosecution, fines totalling £60 being imposed upon the manufacturers for issuing a false trade description. The jewellery was submitted mainly to ascertain claims regarding the gold content. In two cases articles stated to be 'old gold' were found to be made of brass.

The paint samples were examined for the presence of toxic metals with the purpose of verifying their suitability for use on toys etc.

The petrol samples were submitted mainly for verification of the 'star' ratings. Certain samples of petrol were found to contain 40% diesel oil and a sample of so called 'Pink Paraffin' was found to contain approximately 10% of petrol.

These dubious samples were obtained from the same garage the owner of which was subsequently fined a total of £200.

The sheepskin and wigs were examined microscopically to verify the presence of wool and human hair respectively.

The Toys (Safety) Regulations 1967

These Regulations ban the use of nitro-cellulose for all toys except table tennis-balls. The Regulations also lay down toxic metal limits for the paint films on Toys. Lead is limited to 5000 parts per million, arsenic to 250 p.p.m. and soluble antimony, barium, cadmium and chromium to 250 p.p.m.

In practice these regulations have been found difficult to administer and suggestions have been made that the toxic metal contents should be related to the area of the paint film, rather than to the weight of the paint film as required under the present regulations. There is a certain logic in this suggestion in that there cannot be more danger in a very thin coat of lacquer say two thousandths of an inch in thickness which contains a lead content exceeding 5000 p.p.m. than there is in a very thick coat of paint perhaps 1/32 inch (30 thousandths) in thickness which is permitted to contain up to 5000 p.p.m.

A clockwork motorcycle was found to be painted with green and yellow paints containing respectively 8,000 and 45,000 p.p.m. of lead. Several samples of coloured pencils were examined for toxic metals both in the outer paint film and in the coloured centre crayon. No excessive metallic contents were detected. An interesting toy sample consisted of 'Moon Balls'. These were luminous plastic balls which could amuse by being bounced and seen in the dark. They were examined following the concern of a parent who thought that the luminosity was due to a radio-active material – it was found to consist of zinc sulphide in amount not considered to be harmful.

Atmospheric Pollution

Daily estimates of the smoke and sulphur dioxide contents of the air are made from five sites situated at Nedham Street, Southfields, Greyfriars, Wanlip and Midland House. The site at Midland House is controlled for us by the smoke inspectors of the Public Health Department whilst the other sites are in premises of the Water Department, Library and City Engineer, whose permission to accommodate the apparatus is gratefully acknowledged.

Three deposit gauges are sited at the Town Hall, Crown Hills and the Emily Fortey School (Western Park); again acknowledgements are made to the respective authorities for granting permission to maintain the necessary apparatus on their premises.

The following tables indicate that the slight improvement in the smoke content of the atmosphere noted last year has been maintained but the sulphur dioxide content still leaves a good deal to be desired.

Average Daily Smoke and Sulphur Dioxide Concentrations (in micrograms per cubic metre)

Month	Nedham Street		Southfields		Greyfriars		Wanlip		Midland House	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
January	90	166	55	92	57	222	38	53	68	164
February	63	181	39	103	49	229	24	52	67	216
March	71	177	41	103	58	244	30	49	77	185
April	46	152	27	72	43	153	25	34	45	167
May	30	19	21	61	36	135	16	35	40	99
June	19	77	12	57	21	90	12	19	24	79
July	34	88	21	50	27	64	12	14	29	74
August	31	61	25	44	31	76	21	2	35	68
September	54	71	23	34	34	79	22	15	42	78
October	52	138	37	69	53	157	37	17	64	128
November	43	129	38	65	49	160	42	6	56	127
December	94	172	73	110	90	231	66	16	101	202
Average 1970	52	119	34	72	46	153	29	26	54	132
Average 1969	77	146	42	68	51	170	31	32	66	137
Average 1968	81	143	53	73	51	161	35	37	73	142

Deposit from Standard Deposit Gauges in tons per square mile per month

Town Hall				Crown Hills				Western Park			
	1970	1969	1968		1970	1969	1968		1970	1969	1968
Tar	0.04	0.07	0.06	Tar	0.03	0.03	0.02	Tar	0.03	0.03	0.03
Soot	2.21	2.56	1.90	Soot	1.74	1.89	1.20	Soot	1.38	1.35	1.29
Ash	6.91	5.18	5.04	Ash	3.06	2.88	1.86	Ash	2.61	2.40	1.98
Soluble Deposit	4.98	5.91	5.82	Soluble Deposit	3.80	4.75	3.84	Soluble Deposit	3.77	4.45	3.79
Total Deposit	14.14	13.72	12.82	Total Deposit	8.63	9.55	6.92	Total Deposit	7.79	8.23	7.09

Screening for Early Detection of Phenylketonuria

This service for the detection of inborn errors of metabolism in newborn infants commenced in January, 1969 during which year 5,173 tests were performed. It was therefore disappointing to learn that as from June 1st 1970, the work was to be transferred to a Regional Hospital Board Laboratory at Sheffield, perhaps the regret at losing this work was enhanced by the fact that the staff engaged upon these tests took a great interest in conducting such a personal and human service and were engaged upon research into devising even more specific and sensitive tests.

However, until June 1970, 2,280 tests were performed the results of which are summarised below:

Total number of samples submitted	2280
Samples with raised phenylalanine	2
Samples with raised tyrosine	53
Samples with raised phenylalanine and tyrosine	31
Samples with raised methionine	3

Fortunately the samples with raised phenylalanine proved transient and subsequent repeat tests indicated a normal level of phenylalanine, thus no cases of phenylketonuria were indicated.

Road Safety Act, 1967

Persons apprehended under this Act are provided by the police with a part of the specimen of blood or urine which they are obliged to supply. This laboratory provides a service whereby such persons may, on payment of a fee of £6.30, have such samples examined for the content of alcohol. During 1970, 116 specimens of blood and 10 of urine were examined.

The limits of alcohol prescribed under the Act are 80mg/100ml of blood and 107mg/100ml of urine. The levels of alcohol found in the samples are summarised below:

Blood Samples (116)		Urine Samples (10)	
Alcohol mg/100ml	No. of samples	Alcohol mg/100ml.	No. of samples
Below 80	31	Below 107	2
80 - 100	9	107 - 150	.
100 - 150	28	150 - 200	1
150 - 200	23	200 - 250	4
200 - 250	12	250 - 300	2
250 - 300	8	Unacceptable samples	1
Above 300	3		
Unacceptable samples	2		

It is gratifying to record that 27.8% of persons submitting their specimens were afforded the mental relief undoubtedly suffered on such occasions.

Miscellaneous samples examined for Corporation Departments

Health Department

Atmospheric Pollution samples	2426	
Blood samples (Phenylketonuria tests)	2280	
City Supply waters for bacteriological purity	309	
Swimming Bath waters	97	
Waters (effluents, leakage waters, sewage etc.)	17	
Miscellaneous samples	24	
		5153

Public Protection Department

See Trades Description Act section for details	76	76
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Welfare Department

Boiler waters	96	
Wax preparations	2	98

Central Purchasing Department

Dried Milk	1	
Paints	2	
Detergent	1	
Antifreeze	2	6

Education Department

Adhesives	6	6
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City Architect's Department

Water	1	
Treated Timber	1	
Concrete	2	4

City Engineer's Department

Road Marking materials	2	
Soils	12	14

Museums

Dog Faeces	1	1
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Housing Department

Deposits from Heat Meter equipment	2	2
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Samples examined for other Local Authorities

Ashby de la Zouch Urban District Council	2	
Ashby de la Zouch Rural District Council	1	
Barrow upon Soar Rural District Council	1	
Billesden Rural District Council	4	
Blaby Rural District Council	4	
Castle Donnington Rural District Council	5	
Coalville Urban District Council	7	
Hinckley Urban District Council	164	
Leicestershire County Council	198	
Lutterworth Rural District Council	4	
Market Bosworth Rural District Council	8	
Melton and Belvoir Rural District Council	4	
Melton Mowbray Urban District Council	32	
North West Leicestershire Water Board	154	
Oadby Urban District Council	1	
Wigston Urban District Council	1	
West Kesteven Rural District Council	2	
Market Harborough Urban District Council	3	
River Dove Water Board	1	596

Consulting Service**Food and Drug Samples**

Flour Confectionery	7	
Meat Products	4	
Milk Products, Cheese etc.	18	
Soft Drinks	3	
Herbs, Spices, Pickles etc.	5	
Cereals	3	
Dried Fruits	1	
Medical Preparations	5	46

Miscellaneous Samples

Waters, effluents, sewages, etc.	165	
Clothing, fabrics, man-made fibres etc.	7	
Cements, Concretes, Aggregates, Deposits, etc.	95	
Timber, Paper, etc.	12	
Metals	6	
Industrial Chemicals	29	
Petrol, Fuel oils etc.	20	
Paints, Lacquers, etc.	5	
Fertilisers	4	
Blood and Urines for Alcohol	126	469

Table 1 Number of routine samples of raw and final waters examined during the year ended 31st December, 1970.

Source of Sample			
Waters before and during treatment	Chemical	Bacteriological	Biological
Swithland reservoir	52	51	53
Cropston reservoir	101	101	67
Thornton reservoir	101	101	83
Waters in supply			
Thornton Works	102	101	1
River Dove Water Board Aqueduct	52	52	1
Derwent Valley Water Board Aqueduct	103	103	.
Hallgates Filter Station	102	102	.
Distribution system	164	166	.
Totals	777	777	205

I am indebted to Mr. J. W. Seddon, B.Sc., C.Eng., F.I.C.E., M.I.Mech.E., M.I.W.E., Water Engineer, for the following report on the work of his Department during 1970.

- 1 a The water supply of the area has been satisfactory in (i) quality and (ii) quantity.
- b A regular programme of cleansing the service reservoirs and distribution mains has been pursued throughout the year. Treatment with pyrethrin at a dose not exceeding 0.01 mg/l was applied for a period of five days commencing 8th July 1970 in order to control *Asellus aquaticus* in the distribution system.
- c (i) At 31/3/70 the number of dwelling houses supplied in the City of Leicester was 95,715.
(ii) Houses supplied by standpipes are not recorded separately but so far as is known there is none.
- d Fluoride content is included in the analytical table.
- 2 a Full details of bacteriological and chemical examinations of raw and treated water are given in the Summary of Water Examinations.
- b No instance of plumbosolvency has been reported.

WATER SUPPLIES

Table 2 Summary of bacteriological examinations

Water before treatment Frequency distribution

Source	No. of Samples	Presumptive Coliform organisms MPN per 100 ml					Presumptive Esch. Coli, type 1 MPN per 100 ml					No. of Samples	Agar plate count per ml (2 days at 37°C)			
		0	1-9	10-99	100+	1000+	0	1-9	10-99	100+	1000+		0-9	10-99	100+	1000+
Thornton Impounding Reservoir	101	9	23	35	24	10	15	32	27	22	5	101	.	34	67	.
Swithland Impounding Reservoir	51	.	7	16	22	6	.	9	18	21	3	51	8	41	2	.
Cropston Impounding Reservoir	98	3	31	29	32	3	7	32	28	28	3	98	30	56	12	.

Table 3 Summary of bacteriological examinations

Water in supply Frequency distribution

Source	No. of Samples	Coliform organisms MPN per 100 ml				Esch. Coli Type 1 MPN per 100 ml				No. of Samples	Agar plate count per ml (2 days at 37°C)		
		0	1-2	3-10	10+	0	1-2	3-10	10+		0-9	10-99	100+
Thornton Final water at Works	101	101	.	.	.	101	.	.	.	101	73	26	2
Dove Treated water aqueduct at Hallgates	52	52	.	.	.	52	.	.	.	52	39	13	.
Derwent Treated water aqueduct at Hallgates	103	102	1	.	.	103	.	.	.	103	103	.	.
Hallgates Final water at Works	102	102	.	.	.	102	.	.	.	102	100	2	.
Hallgates Service Reservoirs Blended supply to City	154	154	.	.	.	154	.	.	.	153	148	5	.

Table 4 **Average chemical analyses of waters in supply 1970**

Results in parts per million (mg. per litre)

	Thornton final water at Works	Dove final water at Works	Dove aqueduct at Hallgates	Derwent aqueduct at Hallgates	Hallgates final water at Works
pH value	7.35	7.75	7.85	9.15	7.3
Electrical conductivity (Micromhos/Cm ³)	650	555	550	134	465
Colour (Hazen units)	9	5-	6	6	6
Turbidity (E.B.C. units)	0.26	0.03	0.06	0.07	0.09
Ammoniacal nitrogen (as N)	0.09	0.03	.	0.02	.
Albuminoid nitrogen (as N)	0.20	0.12	.	0.02	.
Nitrite nitrogen (as N)	.	.	.	0.001	.
Nitrate nitrogen (as N)	.	2.0	.	0.4	.
Permanganate value (as O)	2.7	1.2	.	0.6	1.0
Dissolved oxygen (as O)	.	.	.	.	.
Total alkalinity (as CaCO ₃)	108	133	131	13	82
Carbonate hardness (as CaCO ₃)	108	133	131	13	82
Non-carbonate hardness (as CaCO ₃)	136	141	144	38	115
Total hardness (as CaCO ₃)	244	274	275	51	197
Calcium hardness (as CaCO ₃)	153	204	206	34	.
Magnesium hardness (as CaCO ₃)	91	70	69	17	.
Total dissolved solids (at 180°C)	435	410	415	90	.
Silica (as SiO ₂)	.	2.9	.	4.3	.
Chloride (as Cl)	92	42	42	12	42
Sulphate (as SO ₄)	92	108	105	32	80
Phosphate (as PO ₄)	.	0.03	.	.	.
Sodium (as Na)	48	18	19	6	.
Iron (as Fe)	0.02	0.03	0.02	0.02	0.02
Manganese (as Mn)	0.06	0.00	0.00	0.03	0.02
Aluminium (as Al)	0.10	.	.	0.07	0.10
Residual Chlorine: Free	0.4	0.3	0.00	0.00	2.2
Total	0.65	0.4	0.2	0.05	2.4
Synthetic detergents (as Manoxol)	.	0.5	.	0.02	.
Fluoride (as F)	.	0.31	.	0.08	.
Number of samples examined	101	305	52	103	102

Table 5 Average analysis of blended supply to Leicester 1970

The table shows the analytical averages for 1970 of the blended supply from the Hallgates Service Reservoirs and the highest and lowest monthly averages or individual results during the year.
Results in parts per million (milligrams per litre) unless otherwise stated.

	No. of Tests	Results to nearest	Lowest	Highest	Average
pH Value	152	0.05	7.65	8.0	7.8
Electrical Conductivity (micromhos/Cm ³)	152	5	330	380	345
Colour (Hazen Units)	152	1	5-	6	5
Turbidity (E.B.C. Units)	152	0.01	0.05	0.15	0.08
Nitrogen (as N) Ammoniacal	12	0.01	0.00	0.07	0.02
Albuminoid	12	0.01	0.04	0.13	0.07
Nitrite	12	0.001	0.000	0.000	0.000
Nitrate	12	0.1	0.5	1.4	1.0
Permanganate Value (as O)	12	0.1	0.8	1.3	1.0
Total Alkalinity (as CaCO ₃)	12	1	59	79	68
Hardness (as CaCO ₃) Carbonate	12	1	59	79	68
Non-carbonate	12	1	83	102	91
Total	104	1	155	178	162
Calcium	12	1	106	120	114
Magnesium	12	1	34	53	45
Total Dissolved Solids (at 180°)	4	5	210	225	220
Silica (as SiO ₂)	4	0.1	1.9	4.8	3.3
Chloride (as Cl)	12	1	26	30	28
Sulphate (as SO ₄)	4	1	65	67	66
Sodium (as Na)	4	1	12	13	12
Iron (as Fe)	52	0.01	0.02	0.03	0.02
Manganese (as Mn)	52	0.01	0.01	0.03	0.01
Aluminium (as Al)	52	0.01	0.01	0.06	0.04
Synthetic Detergents (as Manoxol)	4	0.01	0.01	0.03	0.02
Fluoride (as F)	2	0.01	0.18	0.20	0.19
Residual Chlorine: Free	152	0.05	0.00	0.15	0.05
Total	152	0.05	0.15	0.35	0.25

Number of samples examined 152

I am indebted to Mr. W. R. Shirrefs, T.D., M.I.C.E., M.I.Mun.E., A.M.P.T.I. for the following statement on sewage disposal.

Sewerage improvements costing about £225,000 during the current financial year (excluding washlands) were completed or in progress, largely resulting from new development/redevelopment.

The Sewage disposal works at Wanlip have continued to give a satisfactory standard of effluent throughout the year.

Miscellaneous Services

Cremation

I am indebted to Mr. D. G. Clarke, Superintendent Registrar for the following information:

	1970	1969	1968	1967	1966
Yearly figures of cremation at the Leicester Crematorium	3110	3148	3071	2728	2775
Registration area of cremations					
City residents	2140	2182	2088	1900	1992
Non-City residents	970	966	983	828	783

Re-housing on Medical Grounds

Applications received during 1969 & 1970

	Total Number	Number of cases considered by Housing Committee	Number of cases approved by Housing Committee	Number Re-housed
1969	182	16	13	8
1970	218	41	39	17*

*This figure includes two cases which were approved in 1969

Superannuation Medical Examination

	1970	1969
Number of Questionnaires submitted	1121	1188
Candidates medically examined	111	118
Failed	3	14
Deferred	14	13

Applications for Driving Licences from persons with stated Histories of Epilepsy etc.

From June 1970

Number of applications	35
Number of applications refused	12

Since June 1970 a change in the law relating to the issue of driving licences permitted for the first time persons who were suffering from epilepsy whose condition was so well controlled that they had not had a fit for 3 years to apply for a licence. Each case is investigated individually and when all the criteria are met the licence is authorised.

Since June 1970 35 applications have been received. 12 of these were refused, 16 recommended for a 1 year licence for controlled epilepsy and the remaining 7 recommended for the issue of a licence for three years.

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